State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month **Physician** THOMAS E DWARD **BORUM** 02 07 98 1934 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplaca (Stete or Foreign Country) **Funeral** 10XM 2□ F Yrs. Director 228-48-5572 59 11-28-38 VIRGÍNIA Usual Residence of Decedent death with the Maryland 10a Stete show 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or frams 23a or 28a-f short the Wall cal Examiner must be notified at MARYLAND WICOMICO 1 ☐ Yes 2 No Director EDEN 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 14552 SANDY LANE 21822 USA Funeral 12. Was Decedent Ever in U,S. 11. Maritel Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Armed Forces?

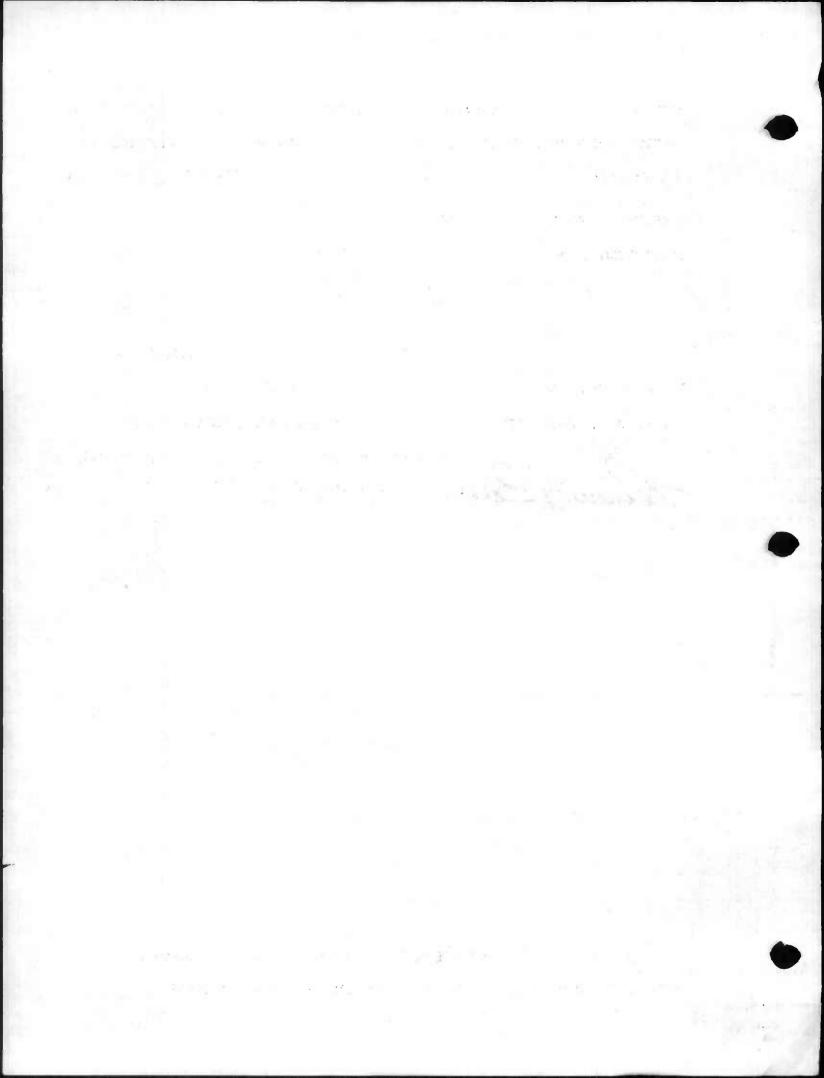
1 2 Yes 2 No 1959—
If Yes, Give Bleck, White, etc. filed within 72 hours after Hygiene. 1 ☐ Never Merried 2 Married 1 ☐ Yes 2 No Specify: Baltimore, Maryland 21215-0020 þ If Yes, Give Year or Detes: Specify: 3 ☐ Widowed 4 ☐ Divorced 1969 WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) **CLERK** RETAIL SALES permit. Pages 1 and 2 should be filed Department of Heelth and Mental Hygik Important: If item 27 is marked other t any Injury or other traumatic avant 17. Father's Name (First, Middle, Last). 18. Mother's Name (First, Middle, Meiden Sumeme) Be THOMAS WILSON BORUM DORA ADDIE LEWIS 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) CATHERINE L. BORUM/WIFE 14552 SANDY LANE, EDEN, MARYLAND 21822 20a Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, State 1 ☐ Burial 2 🖾 Cremation 3 ☐ Removal from Stete CAMBRIDGE CREMATORY CAMBRIDGE, MARYLAND 2/9/98 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Lies 22. Name and Address of Facility ZELLER FUNERAL HOME, 1212 OLD OCEAN CITY ROAD encu O. BOX 3171, SALISBURY, MARYLAND 21802 23a. Part1. Enter the disease, or heart failure. List that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Interval Between Onset and Death Physician mediate Cause (Final ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE disease or condition resulting in death) Examiner Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): De exec Box 68760. attending physician Physician/Medical Due to (or as a consequence of): use as the 9 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? å B 1 Yes 2 No 3 Probably 4 Vunknown DIABETES MELLITUS, INSULIN DEPENDENT Records, þ 8 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? Deen completion of cause of death? The law # page 2 t□Yes 2XINo 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 XYes 2 No 1 ☐ Inpatient 2 X ER/Outpatient 3 ☐ DOA ä 28a. Date of Injury (Month, Day Year) 27. Manger of Death 1-Constural Athery Certification: 28b, Time of 28c. Injury at Work? 28d. Describe how injury occurred Attending 5 Pending investigation death. To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 2 Accident 6 Could not be determined 3 □ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 C Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) m 5/ Sulbelo.M.E. D03599 02-08-98 30. Name and spidress of person who completed cause of death (Item 23e) (Type, Print) JOHN T. BULKELEY, M.D. , 108 PINE BLUFF ROAD, SALISBURY MD 21801 31. Dete filed (Month, Dey, Year) 32. Registrar's Signature

Jahr Davidson Randall

State Registrar

FEB10



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death February 4, 1998 George Alexander Carey 1655 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 26235 Loveville ROad Mechanicsville St. Mary's If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M 2 □ F Months Days Yrs. 220-16-5210 June 10, 1925 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ■ No Maryland St. Mary's Mechanicsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 26235 Loveville Road 20659 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ■ Yes 2 □ No If Yes, Give Year or Detes: WWII Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: 3 ₩ Widowed 4 Divorced Black 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Truck & Bus Driver Transportation 12 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) John Edward Carey Gertrude Neil 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 520 Cedarleaf Avenue, Capitol Heights, MD 20743 Mary L. Carey 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 Buriat 2 Cremation 3 Removal from State MD Veterans' Cemetery 2/18/98 Cheltenham, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility Brinsfield Funeral Home, P.A. Blankenship Unichae! 22955 Hollywood Road, Leonardtown, MD 20650 Approximate Interval Between Onset and Death 23a. Part1 Enter the disease, or complications, or heart failure. List only one Immediate Ceuse (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or es e consequence of): Due to (or es e consequence of): Part II. Other significent conditions contributing to dear not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to 24e. Was en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

Physician

/Medical

Examiner

Funeral

Director

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permit. Pages 1 end 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or items 23a or any Injury or other traumatic event, the Medical Example matther page.

Baltimore, Maryland 21215-0020

Directo

Funeral

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Completed

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physician and s the buriel-trensit attending p 60 ed by the a signed by t peen l director, page 2 s this

The law requires that the death certificate be executed

Box 68760

Records. P.O.

Division of Vital

Examiner

or Attending Physician: funeral Affer death. ofter death Director: A

Physician/Medical by Completed Be 10 Certification:

Medical

To the Hospital or within 24 hours eft To the Funeral Dicompletaly filled in 4)

25. Was case referred to medical examiner? 26. Piece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 28c. Injury at Work? 27. Manger of Death 28b. Time of 28d. Describe how injury occurred 1 Matural 5 Pending 1 Yes 2 No 2 Accident investigation 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one)

12 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner es stated.
2 Medical Examinar: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end/menner stated.

d title of certifier 29b. Signature

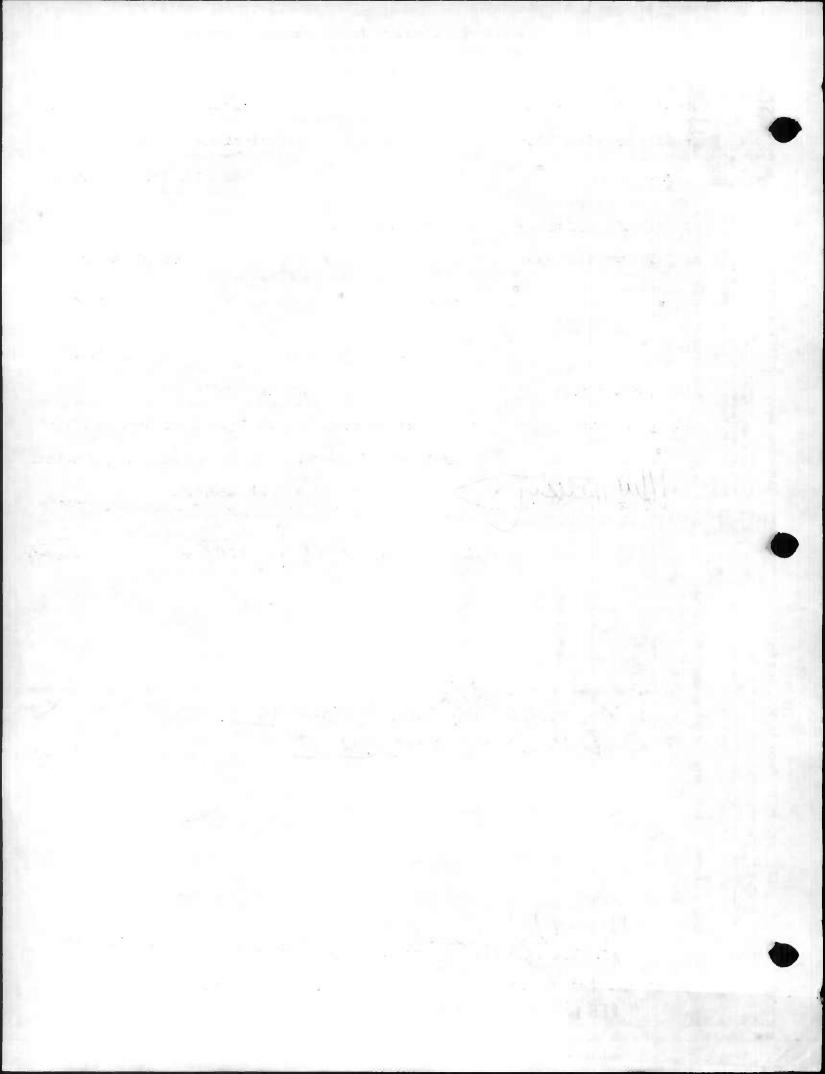
29d. Date signed (Month, Dey Year)

ress of person wh 30. Name and a eted cause of death (Item 23e) (Type, Print)

P. James Jarbog M.D Leonardtown, Maryland 20650 31. Date filed (Month, Day, Yeer) FEB 12/ 32. Registrar's Signeture Randall

Registrar

State



State of Maryland / Department of Health and Mental Hygiene)

Certificate of Death

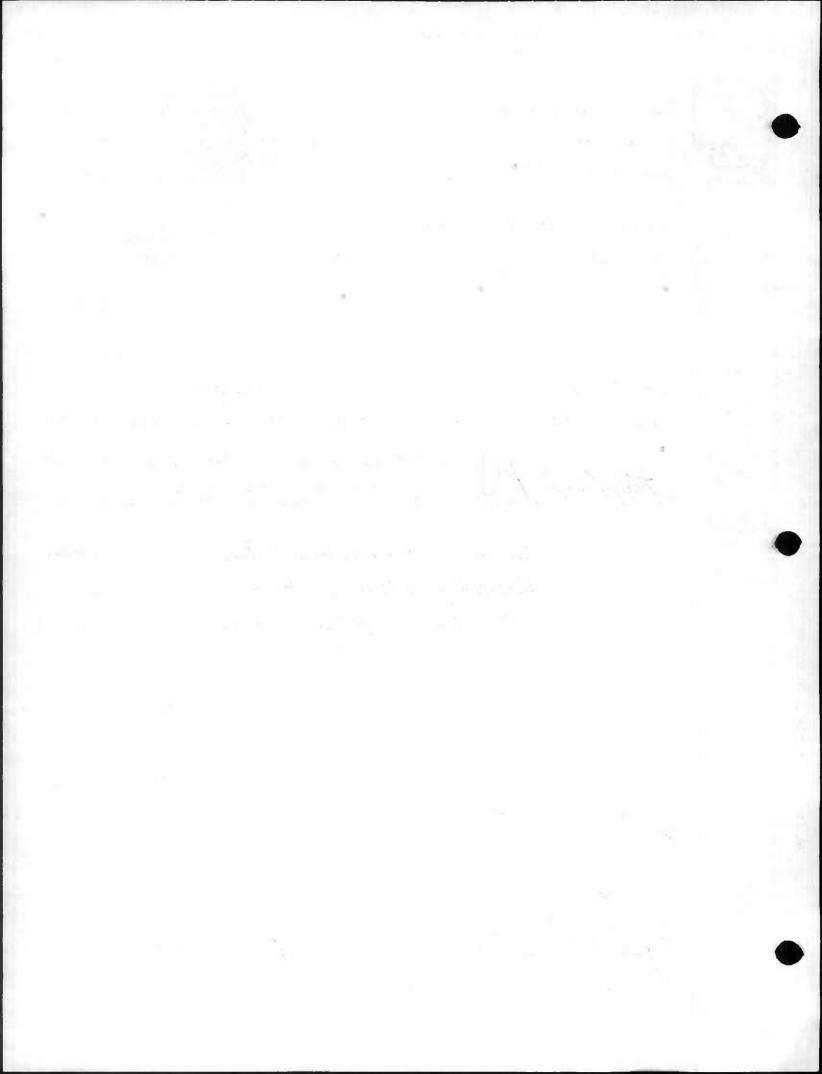
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by Funeral Director	•	1 Never Marris			Armed Forces? 1 ☐ Yas 2 ■ No If Yes, Give Year or Dates:			If Yes, spec 1 ☐ Yes 2			Puerto P	cify Yes or No lican, etc.)	Specify:			
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edical			2 Medicei E	xamine	r: On the b	easis of examina	ation end/or In	vastigetion,	in my c	pinion, death	h occurre	d et the time,	date end piece,	end due to	the ceuse(s)	
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State Registrar

Dr. John W. Roache Mechanicsville, MD. Dete filed (Month, Day, Year)
FFB 16 1998

end eddress of person who completed cause of death (Item 23e) (Type, Print)

ALBERTA COUNTISS



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month 0902 2/10 03 00 LIMAS 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death General Hrs. 8. Date of Birth (Month, Day Year) 1923 Mary land Aug. 25, 1923 Mary land Hospital Drychorter an 6. Sex 1 M 2 □ F If Under 1 Yaar 5. Social Security Number It Under 24 Hrs. 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foraign Days Months Hours 74 214-18-4339 Yrs. Usual Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2□ No Dorchester Cambridge Maryland 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? 306 Maryland Avenue 21613 U.S.A. 12. Was Decedant Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yas, Giva Year or Dates: WW 14. Race - American Indian, Black, White, etc. Was Decedant of Hispanic Origin? (Specity Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Nevar Married 2 Married 1 Yes 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WWII White 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) Construction Carpenter 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumame) Howard Parson Cole Clara Estella (maiden name unk) 19e. intorment's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Gloria Eskridge Cole/wife 306 Maryland Ave., Cambridge, MD 21613 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 2-9-98 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Cemetery Cambridge, MD 21. Signature of Funeral Service Mensee 22. Nama and Address of Facility Curran-Bromwell Funeral Home, P.A 308 High St., Cambridge, MD 21613 druged the death. Do not briter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Betw Onset and Death immediate Cause (Final disease or condition rasulting in death) 30 min copulmonary Due to (or as a consequence of): oronary Artery Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Accident 1 Yas 2 No 3 Probably 4 Unknown erebrovascular 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Delzure disorder 1 Yes 2KPNO 1 ☐ Yes ► No 25. Was case reterred to medical examiner? 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Rasidance 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending 1 Neturel investigation 1 Yes 2 No 2 Accident

pue Records, P.O. Box 68760 that the death certificate besigned by has certificate 書 Division Attending death. after death Director: b Funeral D hours

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Physician

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Department of Health and Mental mportant: If Item 27 is merked o Pages 1 and 2 should be

Physician /Medical

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Injury or

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Director

Funeral

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Certification: To 29a. Certifier Medical

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(Check only one)

3 Suicide

4 Homleide 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.

6 Could not be

28e. Plece of Injury - At home, tarm, street, factory, office building, etc. (Specify)

28t. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signature and title of certifier

29c. Licansa number

2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

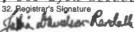
29d. Date signed (Month, Day, Year)

hysician 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

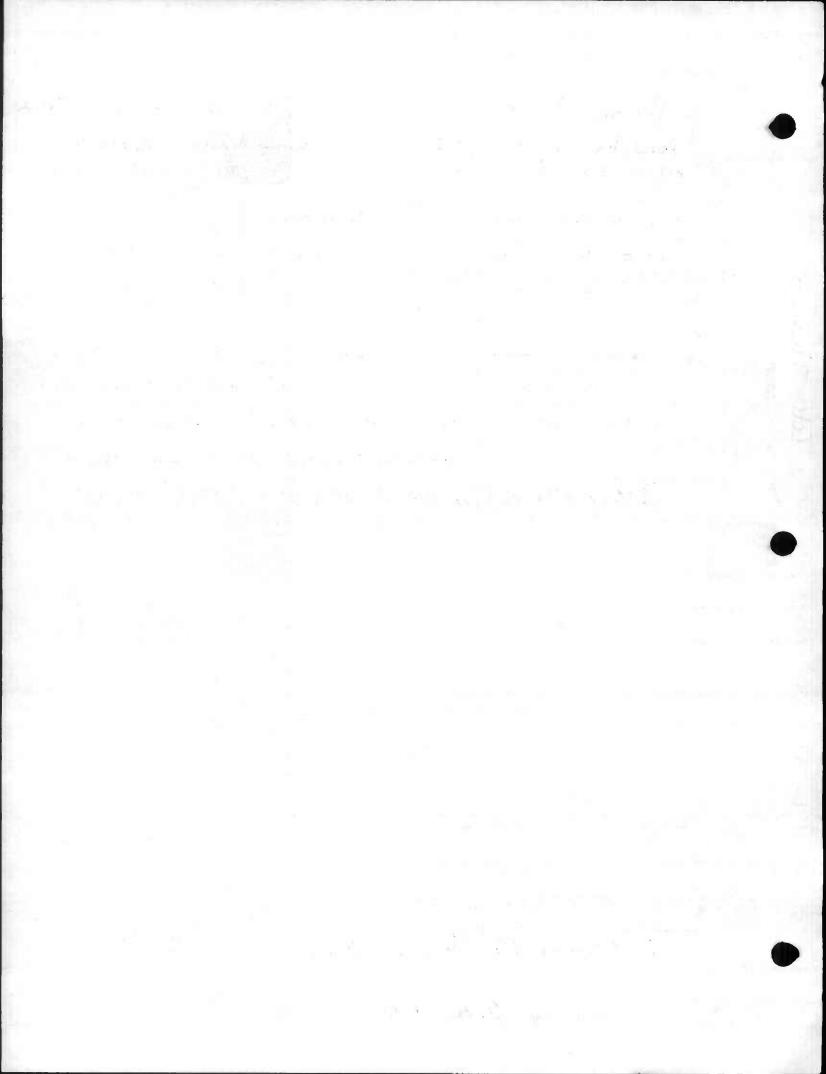
Gene Newmier, 503 Byrn Street, Cambridge, Maryland 21613 D.O., 31. Data filed (Month, Day, Year)

State Registrar

FEB 0 5 1998



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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent'e Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey Month Veer **Physician** George Leo Dyson January 30, 1998 3:35 PM /Medical 4e Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner St. Mary's HOspital Leonardtown Mary's Hours Min. 8. Date of Birth (Month, Dey, Year) If Under 1 Yes 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Days 1 M 2 F Months Director 218-12-9287 76 March 8, 1921 Maryland Usual Residence of Decedent the Maryland 10e, Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or itams 23a or 28a-f ahow the Medical Examiner must be notified at 1 ☐ Yee 2 TNo Director Maryland St. Mary's Mechanicsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 27559 Gold Lane 20659 United States Funeral 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 12. Wes Decedent Ever in U,S. Armed Forces 1 ☐ Yes 2 ■ No If Yes, Give 1 ■ Never Married 2 ☐ Married Maryland 21215-0020 1 Yes 2 No Specify: Specify. þ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) and Mental Hygiene. Is marked other than Elementary/Secondery (0-12) College (1-4or 5+) 8 Farmer Agriculture traumatic avant. 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Father's Neme (First, Middle, Lest) Pages 1 end 2 should be lill ment of Health and Mental H ant: If item 27 is marked oth Be William Edward Dyson Mary Josephine Carter 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Reletionship (Type, Print) Barbara Dyson Niece P.O. Box 1123, Mechanicsville, Maryland 20659 other Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stete 1 ■ Burial 2 □ Cremetion 3 □ Removel from Stete ò Department of 4 ☐ Donation 5 ☐ Other (Specify) Queen of Peace Cemetery 2/4/98 | Helen, Maryland 21. Signature Funeral Ser 22. Name end Address of Fecility Edward N. Brinsfield Funeral Home, P.A. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final diseese or condition resulting in deeth) Acute Respiratory Failure 7 Days Examiner Due to (or es e consaquence of): Examiner Pneumonia 7 Days certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Lest physician and the bunal-tran Due to (or es a consequence of): Chronic Obstructive Lung Disease Physician/Medical Due to (or es e consequenca of): 98 attending 158 for Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? P.O. eun deteched signed by t 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Congestive Heart Failure Records, þ 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen Diabetes Mellitus has page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital luneral director, Be 25. Was casa rafarred to medical exeminer? 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes ≥ No 1 Inpatient 2 □ ER/Outpetient 3 □ DOA Certification: To this 28e. Deta of injury (Month, Dey Year) 27. Manner of Death 28b. Tima of 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Neturel 5 Pending or Attendin efter death. Director: Aft 1 ☐ Yes 2 ☐ No 2 Accidant investigation 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicida 24 hours Hospital Cartifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29a. Certifier edical (Check only one) within 2 29c. License number 29b. Signeture end title of sertifiar 29d. Date signed (Month, Dev. Year)

State Registrar Mohammad A. Rahman, P.D. P.O. Box 640, Hollywood, Maryland 20636
31. Dete filed (Month, Day, Year) 1998
FEB - 5 1998

32. Registrar's Signature Maryland 20636

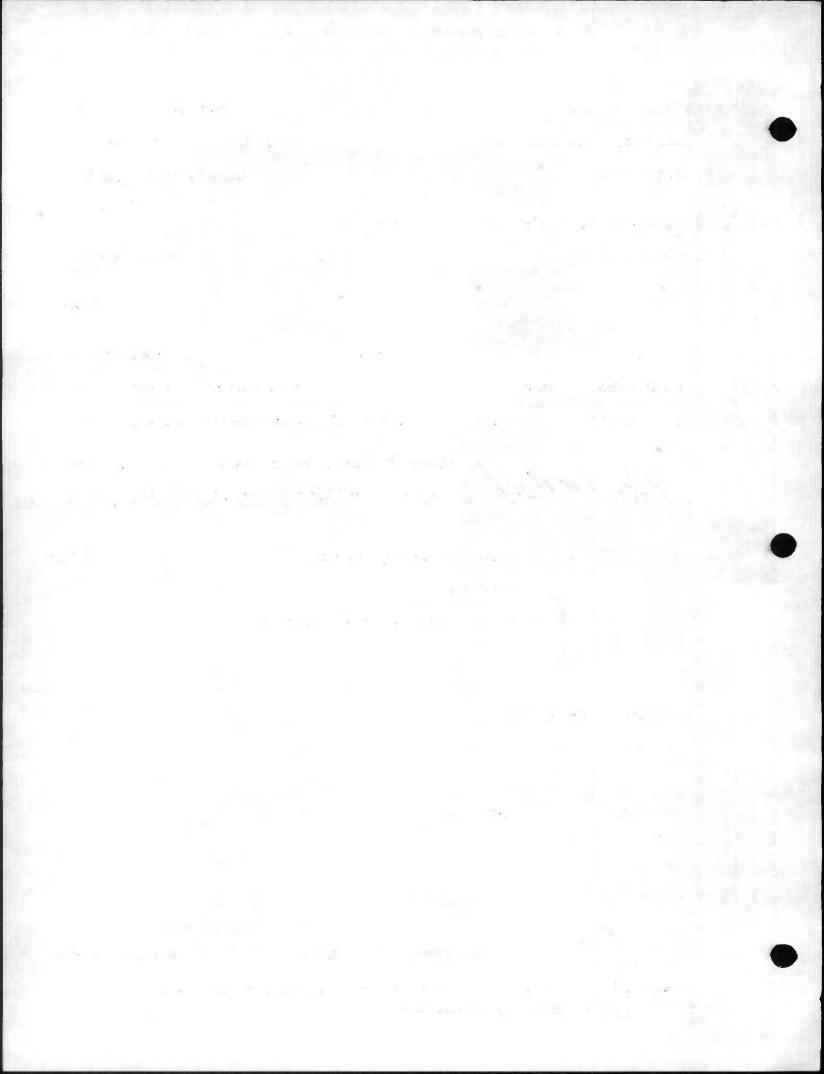
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January 30, 1998

Rahreu, no)

Pr. M. A.

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)



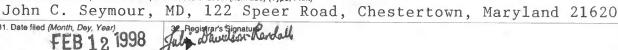
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Deeth **Physician** Month Agnes Deaton February /Medical 10 1998 1533 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Deeth Kent & Queen Anne's Hospital Chestertown If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stete or Foreign Country) **Funerai** 1□M 2\ F Months Director 577-68-8374 86 Maryland September 8, 1911 Usual Residence of Decedent the Maryland show 10e. State 10b. County 10c. City, Town or Location Item 27 is marked other than "netural", or items 23a or 28a-f show other traumatic event, the Marical Examiner must be notified at 10d. Inside City Limits Maryland Director 1 ☐ Yes 2 🛛 No Kent Chestertown 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 415 Morgnec Road death 21620 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien, Bleck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygione. Important: If flem 27 is marked other than "netural", or thei any injury or other traumatic event, the Medical Eventua 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9th Homemaker Own Home 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Francis 2 Eugene Abel1 Annie Lucinda Adams 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) May Van Bergen/Daughter 2217 Cara Cara Dr., New Bern, NC 28560 Baltimore, 20a. Method of Disposition 20b. Plece of Disposition (Name of 20c. Location - City or Town, Stete cemetery, cremetory or other piece) 1 Buriel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Washington National Cemetery |2/14/1998 | Washington D.C. 21. Signature of Funeral Servica Licensee 22. Name end Address of Fecility Mattingley-Gardiner Funeral Home, P.A. Nichoof adires P.O.Box 270, Leonardtown, MD 20650 23a. Pert1. Enter the disease or complications that caused the death shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in death) ALUTE PAREMENIA **Examiner** Due to (or es e consequence of): BLZ HOTMON DEMONTH The law requires that the death certificete be executed Physician/Medical Exami the burial-tran Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest pue Due to (or es e consequenca of) the attending physician hed for use as the burial Records, P.O. Box 68760, Due to (or es e consequença of) Pert il. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 2 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed b þ ate hes been signate, page 2 should b Completed 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospitel: 1 Ninpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 217 No 2 this 27. Manner of Deeth 28e. Date of Injury (Month, Dey Yeer) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred After Division 1 Netural 2 Accident 5 Pending Investigation To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After To the Funeral Director: After To the Funeral Director. 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide edical 15 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end placa, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end manner stated.

State

31. Date filed (Month, Dey, Year) FEB 12 1998

(Check only

29b. Signeture end litle of cartifier



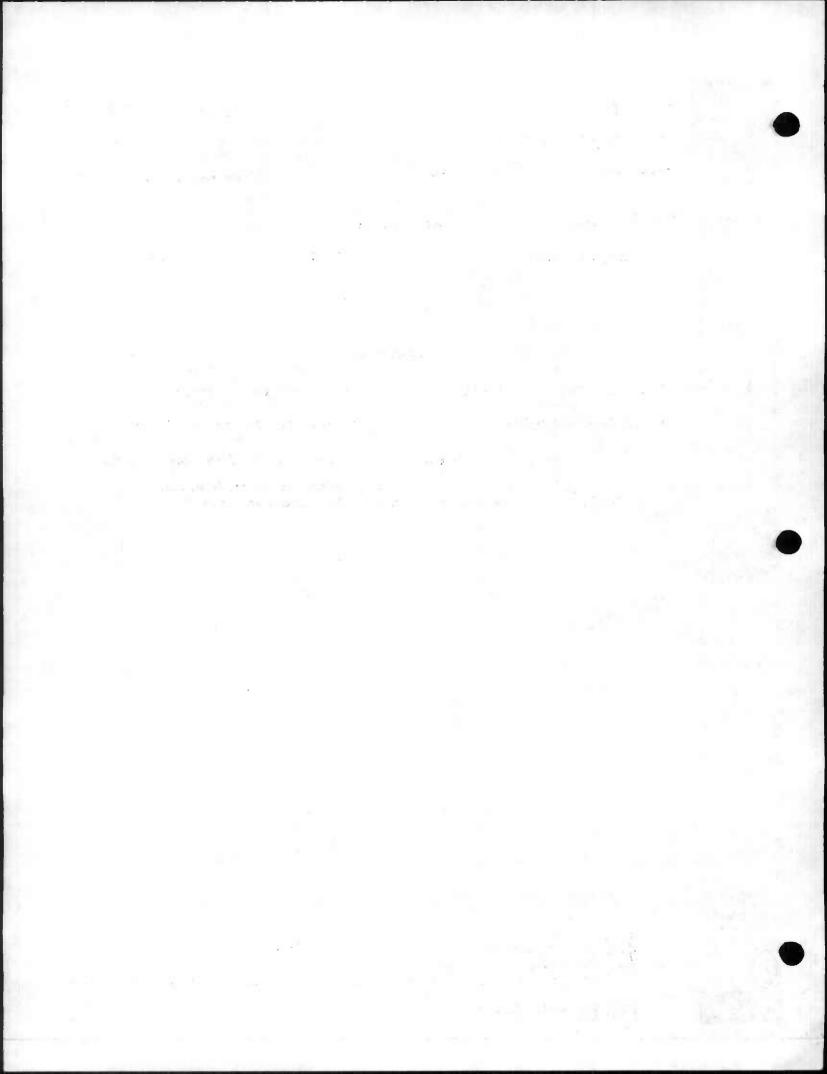
30. Name end endress of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

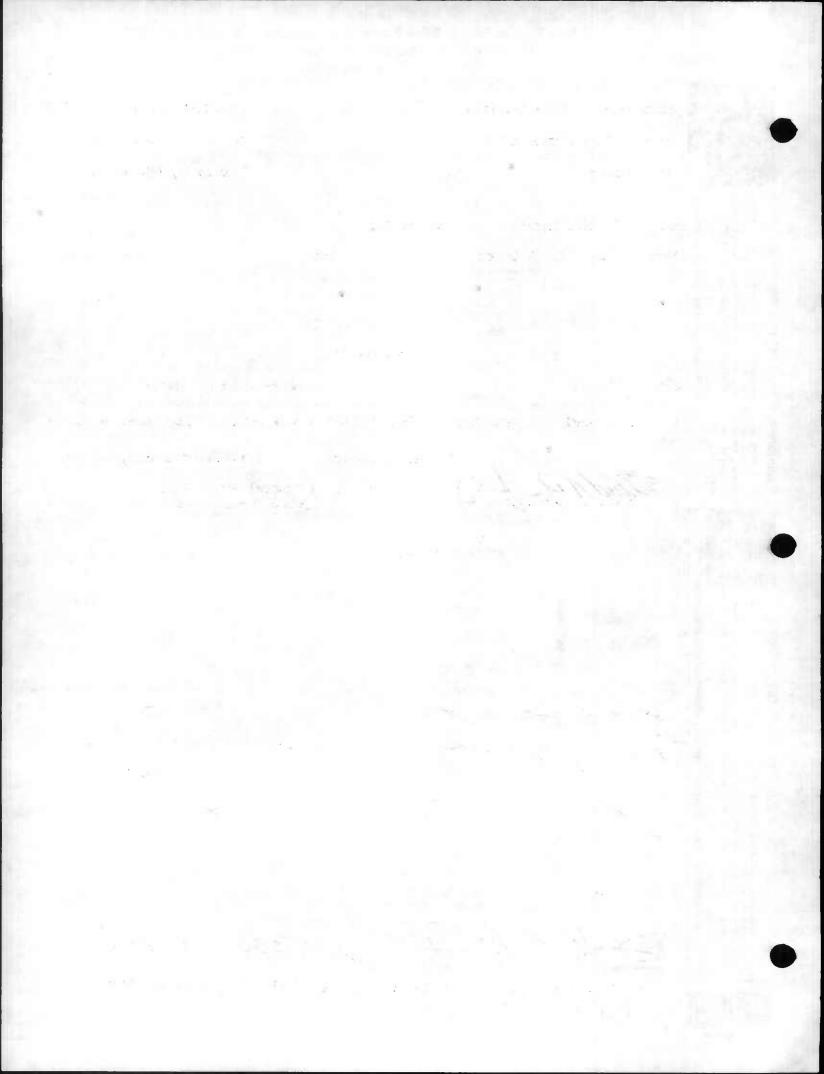
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29d. Dete signed (Month, Dey, Year)

Registrar

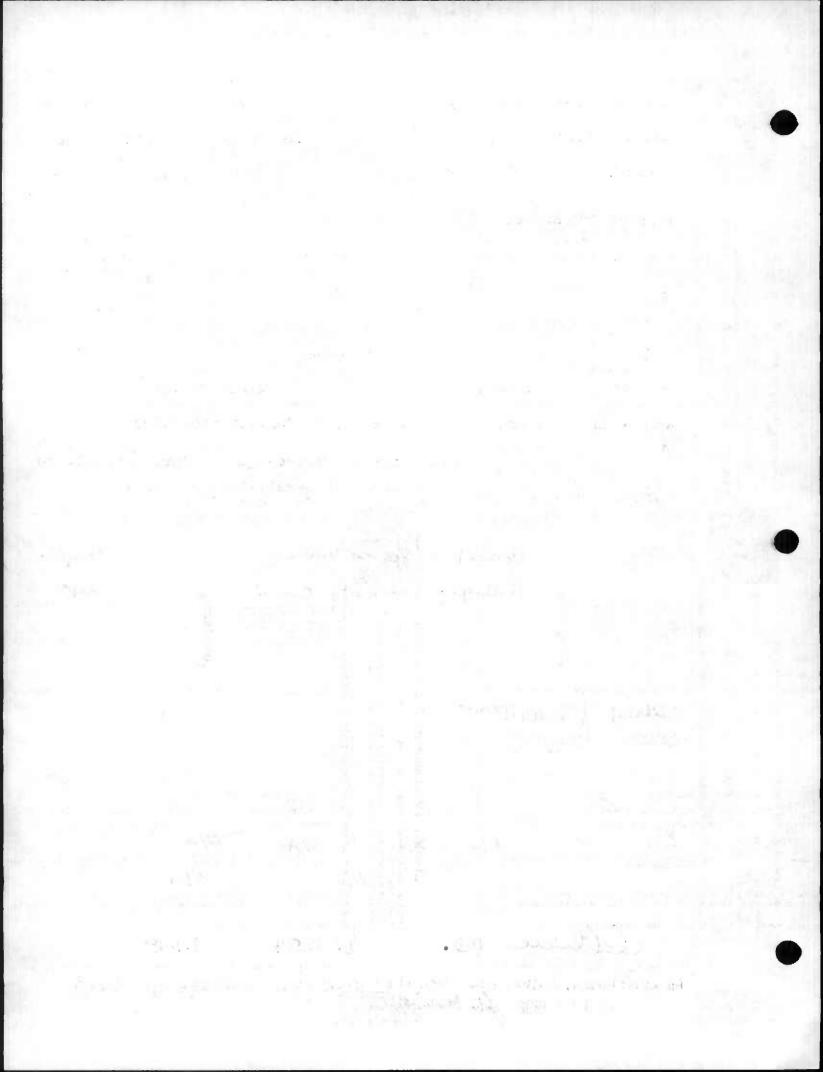


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	5 1									3. Time of Death			
	Physiciar /Medica	_	Elizabeth Viro	rinia Do	noghi	ue				Februar			8:52 AM
N.	Examine	-	4a Facility Nama (If not institution					74.1 - 1	4b. City, Town, or L	ocation of Death			
	Examine		19043 Mallard	Creek C	ourt				Valley I	ee	st.	Mar	v's
1	- Francisco		5. Social Security Number	6. Sax		ga (In vrs. la	est birthday)	If Undar 1 Yaar					-
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	death	er	11, Maritel Status	12. Wes	Decedant	Ever in U,S	S. 13. V	Ves Decedent of I	Hispanic Origin? (S)	pecify Yes or No-	14. Race	- Ameri	ican Indian,
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pu	al Hygir	ge	17. Fethar's Neme (First, Middla	•					18. Mother's Nan	ne (First, Middle,	Maidan Sumam	9)	
Maryland	2 should be end Mental is marked or sumatic ave	0	John McClennan						Agnes '	Veronica	Damers		
an	sho me mum		19a. Informent's Name/Reletion	ship (Type, Prin	1)		19b. Mailin	g Address (Stree	t end Number or Ru	ral Route Numbe	r, City or Town,	Stata, Zi	p Code)
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ore	of He oth		20e. Method of Disposition			00	ace of Dispos	sition (Neme of atory or other ple	eca)	Date	20c. Location -	City or T	own, Stete
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Baltimore,	permit. Pages 1 and 2 should be filed within Depertment of Heelth end Mental Hygiena. Important: if Itam 27 is marked other than any Injury or other traumatic avent, the Manage.		21. Signature meral Sylvice		Le	1	22.	Name end Addre					
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	ding Phys h. After this funeral d		27. Menner of Deeth 1 Naturei 5 □ Pendi		Dete of inju (Month, De	ury av Yaar)	28b. Time of Injury	28c. Inju	ry at	28d. Describe h	ow injury occurr	be	
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Division	tal or Attending P rs effar death, al Diractor: After t led in by the funers Certification:		3 ☐ Suicide 4 ☐ Homicide Could not be daterminad 28e. Pleca of Injury - At homa, ferm, street, factory, office building, etc. (Specify)							28f. Location (S City or Tow		er or Rui	rel Route Number,
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	State Registrar	1	FEB 16	1998	ulk of	aucless-	Rardall						



State of Maryland / Department of Health and Mental Hygiene

Constitution for Price (Addy Section Name Price (Addy Section Day ton Price)						Certificate of	Death	Re	g. No.	, 00	000		
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25. Was case referred to medical examiner?	E &	NO.						1 □ Yes	2000	1 □ Ye	s 2000		
1		0	25. Was case referred to medical				26. Plece of De	eth (Check only one)	1			
28. Date of Injury - At home, ferm, street, fectory, office Specific Spec	0 TO	0		Hospitel: 1 Inpati	ent 2 ER/Outp	atient 3 DOA				er (Specify)			
29a. Certifier 29a. Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) end menner es stated. (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)				28a. Date of Inju		ne of 28c. Inju	iry et	28d. Describe hor	w Injury occur	red			
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D11284 2.9.98	n 24 hou se Funer sletely fill	1	(Check only 2 Medical Exami	ner: On the basis o	f examinetion end/	deeth occurred at the tor investigation, in my	ime, date end plec opinion, deeth occ	e, end due to the car urred et the time, de	use(s) end me te end plece.	enner es stated end due to the	cause(s)		
D11284 2,9.98	To the		29b. Signeture end title of certifier			29c. Licen	se number	29	d. Dete signe	d (Month, Dey,	Year)		
30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)) (While	le 1	ny.	B	11284	2	9.98				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			30. Neme and eddress of person who or	ompleted cause of o	leeth (Item 23a) (T	vpe, Print)							
	Sta	ite	31. Dete filed (Month Day Year)	1000 32. Registr	ar's Signeture	Plen		1	-	_			



BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020	G PHYSICIAN: The law requires that the death certificate be executed within a form after death. Page 6 may be retained by the hospital or attending physician.	In this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the With the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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N OF VITAL RECORDS, P.O. BOX 68760,	ecuted	and com burial, c
30X	te be en	sician a
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<u>ر</u> ر	death	attendental H
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		FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN		
	1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY YE	3. TIME OF DEATH
		Vivian L. Erich	sen				Feb 6,	1998	0933 ам
1, 2, 3 should		4. SOCIAL SECURITY NUMBER 220-10-4477	1 M 2 F	n yrs. lest birthday) 89 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Jun 19,	1908	BIRTHPLACE (State or Foreign Country) MD
	~	9a. FACILITY NAME (If not institution, give a	reet and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
	DIRECTOR	Allegany County			Cumberl			Allega	
Pages	DIRE	MD 100. STATE 100. COUNTY All	egany		y, town on Local nberland				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
perm	IA	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
an. ransit	FUNERAL	114 Grand Avenu				21502		USA	A
YLAND 21215-0020 by the hospital or attending physician. be detached for use as the burial-transit permit. Pages 1, 2, at once.	B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	10	RACE — American Indian, Black, White, etc. Specify: White
1215 or attend	ETED	15. DECEDENT'S EDU (Specify only highest grade	completed)		USUAL OCCUPATION work done during mo		16b. KIND OF BU	ISINESS/INDUST	RY
D 2 Spital	PE	Elementary/Secondary (0-12)	College (1-4 or 5+)		maker		Own H	ome	
IARYLAND 2121 tained by the hospital or ath should be detached for use	COMPL	17. FATHER'S NAME (First, Middle, Last)		HOME	marci	18. MOTHER'S NA	ME (First, Middle, Meider		
YL de	ш	John W. Schell	Net				L. (Rayno	or)	
MARYLAND retained by the hospit 5 should be detached notified at once.	TO B	19a, INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		Θ)
RE, No lay be re page 5		Ruth Berkenbaugh					erland MD		
FOR man e 6 man ector, p		1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State ceme	etery, cremetory or o	OF DISPOSITION (Na ther place)			CATION City	
ALTIMOF leath. Page 6 m funeral director,		21. SIGNATURE OF FUNERAL SERVICE LIC		unset M		ND ADDRESS OF FA	CILITY	berland	1 MD
0 = 0		· James 7	- X Carp	selli	Cumb	erland M	neral Home D 21502		
S L P P		23. PART . Enter the diseeses, or o shock, or heart fellure.	omplications that could dist only one couse on ea	the deeth. Do i	not enter the mo	ode of dying, such	h as cardiec or resp	olratory arreat,	Approximate interval Batween
tely fille mation.		IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Cal	emia	E).				Onset and Death
687 wecuted and com burial,	NOI	Sequentially list conditions, if any, leading to immediate	DUE TO (OR ASIA	tract	Infe	chon			3 weeks
Phys de p	CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events	DUE TO (OR AS A	CONSEQUENCE O	F):				
0. 6 5 0	ERI	resulting in death) LAST	ı						
	I II	PART II. Other significent condition	s-contributing to death bu	ut not resulting		g ceuse given in	Perf I. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
M. W M. 3m.	MEDICAL	Diagretic Mel	litus C	· V · A,	aute	wente	1 D YES	1	COMPLETION OF CAUSE DF DEATH?
RECOl requires the seen signed of Health shows an		DID TOBACCO USE	CONTRIBITE TO		E DEATH	YES NO	2 57		1 YES 2 NO
AL has the best Dept n 23	AN	25. WAS CASE REFERRED TO MEDICAL	CONTRIBUTE TO	CAUSE O		LACE OF DEATH (Chi	- 12(
- F at to -	SIC	EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Output	ntlent 3 🗆 DOA	QTHER:	ne 5 🗆 Residence			
OF PHYSIC this cer with th	Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIM	E OF 28c. INJ	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	iD .
ISIC TTENDI TOR: A after da	red BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm,	street, factory, offic	•	28f. LOCATION (Street City or Town, State		ural Route Number,
DIVISION ATTENION DIRECTOR: hours after item 28 is	COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my knowle	edge, death occurr	ed at the time, date	and place, and due	to the cause(s) and ma	inner as stated	
N N N N	OMI		R: On the basis of examination						use(a) and manner ea stated.
TO THE HOSPI TO THE FUNER be filed within	BE	296. SIGNATURE AND TITLE OF CERTIFIES		M. 7	\	29c. LICENSE NUN		29d. DATE SIG	GNED (Month, Day, Year)
P P 2 ₹	2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	ATH (ITEM 27) (Type	Print)	101713) (/	Jes	6,1748
nal		3	517 Oldtown F	Road Cum	berland	MD 21502			1000
100		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE					
		FEB 1 0 1998	the distinction has	Policies .					

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month William Gerald Ferguson 30, 1998 4c. County of Death 4b. Cltv. Town, or Location of Death 4e. Facility Neme (If not Institution, give street and number) 107 Oakview Drive Westernport Allegany If Under 1 Year Birthplace (State or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. iast birthday) Deys Hours 1₩ M 2□ F 217-05-0196 Usuai Rasidence of Decedant 79 April 12, 1918 Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. insida City Limits 1 Yes 2 □ No Allegany Westernport 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? United States 107 Oakview Drive 21562 12. Was Decedent Ever In U,S. Armad Forcas? 13. Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Naver Married 2 ☐ Married ☑Yas 2☐No iYas, Giva fear or Detes: WWII 1 ☐ Yas 2 ☑ No 3 ☐ Widowed 4 ☐ Divorced Specify: White 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grade complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coliaga (1-4or 5+) Cutter operator Westvaco Unknown 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Malden Surnama) William L. Ferguson 19a. Informant's Name/Ralationship (Type, Print) Essie Rae Hershberger 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Nelda Ferguson / Wife 107 Oakview Drive Westernport, MD 20b. Place of Disposition (Nema of cemetery, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ☐ Burlel 2 ☐ Cramation 3 ☐ Ramovai from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Philos Cemetery 2/2/98 Westernport, MD 21. Signature of Funaral Service Licenses 22. Nama and Addrass of Facility 111 Church Street a Boal Funeral Home 23a. Part1. Entar tha disaasa, of complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 21562 Approximata intarvai Batween Onset end Deeth immediata Causa (Final diseasa or condition rasulting In deeth) Sequentially list conditions, if any, laading to immadiate causa. Enter Underlying Cause (Disaasa or injury that initiated evants resulting in death) Last Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings evallable prior to completion of cause of daeth? 25. Was casa ratarred to medical axaminar? 26. Piaca of Death (Check only ona)

Physician /Medical **Examiner**

permit. Pagas 1 and 2 should be file Department of Health and Mental Hy, Important: if item 27 is marked othe any Injury or other traumatic event

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be P Md

Funeral

Director

e filed within 72 hours after death with the Maryland al Hygiene.

other than "natural", or items 23s or 28s-f show

Baltimore, Maryland 21215-0020

ed other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at

attending physician for usa as the buria

or Attending Physician: The law requires that the death certificate be executed

cartificate

Aftar this

n 24 hours aft e Funeral Di olataly filled in

the at

death Director:

Division of Vital Records, P.O. Box 68760.

Physician/Medical Completed by Be

Certification: To

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1/2	at IVA
10	1 (0) (

Medical 296. Signature and title of Certifier

State Registrar

30. Nama and address of pen Dr. Shin E. Kim

2 No

5 Pending

Investigation

1 Yas

27. Mannar of Death

Natural

€ □ Accidant

3 Sulcida

29a. Cartifiar

4 Homicida

(Check only one)

6 ☐ Could not be 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

28a. Data of injury (Month, Day Year)

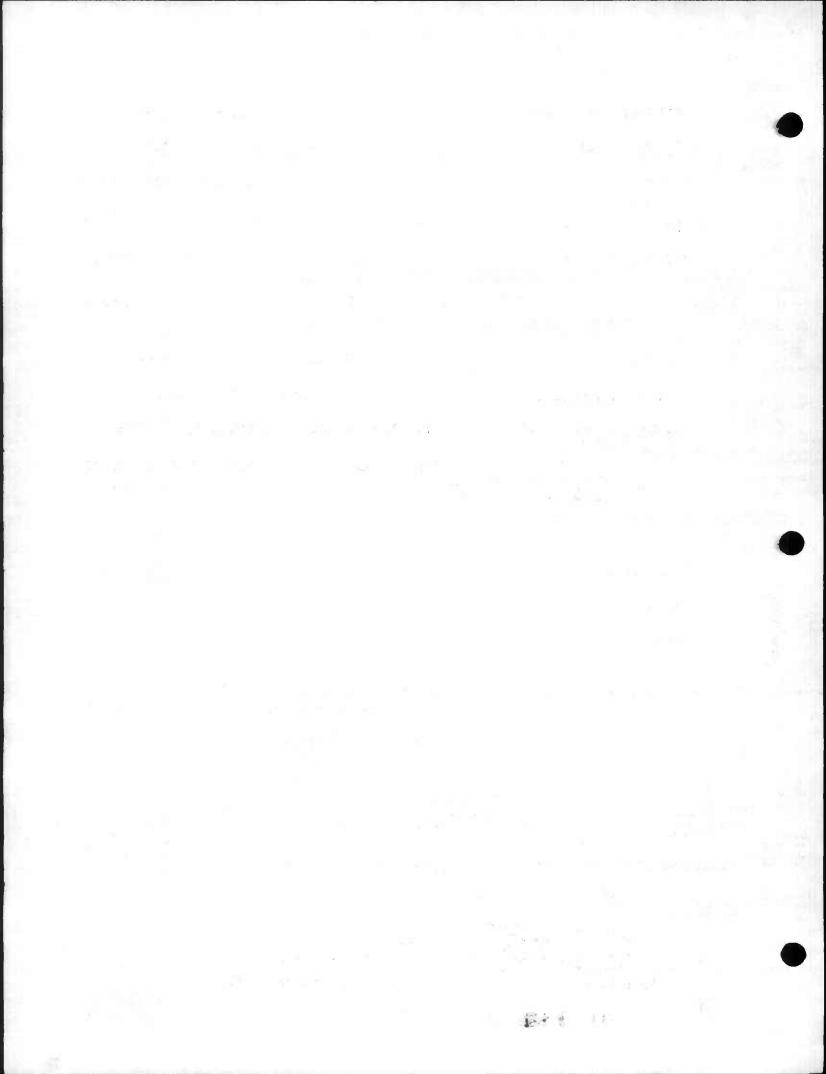
Othar: 4 Nursing Homa 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 8 Othar (Specify) 28d. Dascribe how injury occurred 28c. Injury at Work? 1 | Yas 2 | No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year)

of death (Item 23a) (Type, Print) 90 Main St. Westernport, Md 21562

28b. Time of

31. Data filed (Month, Day, Year) 32. Ragistrar's Signeture

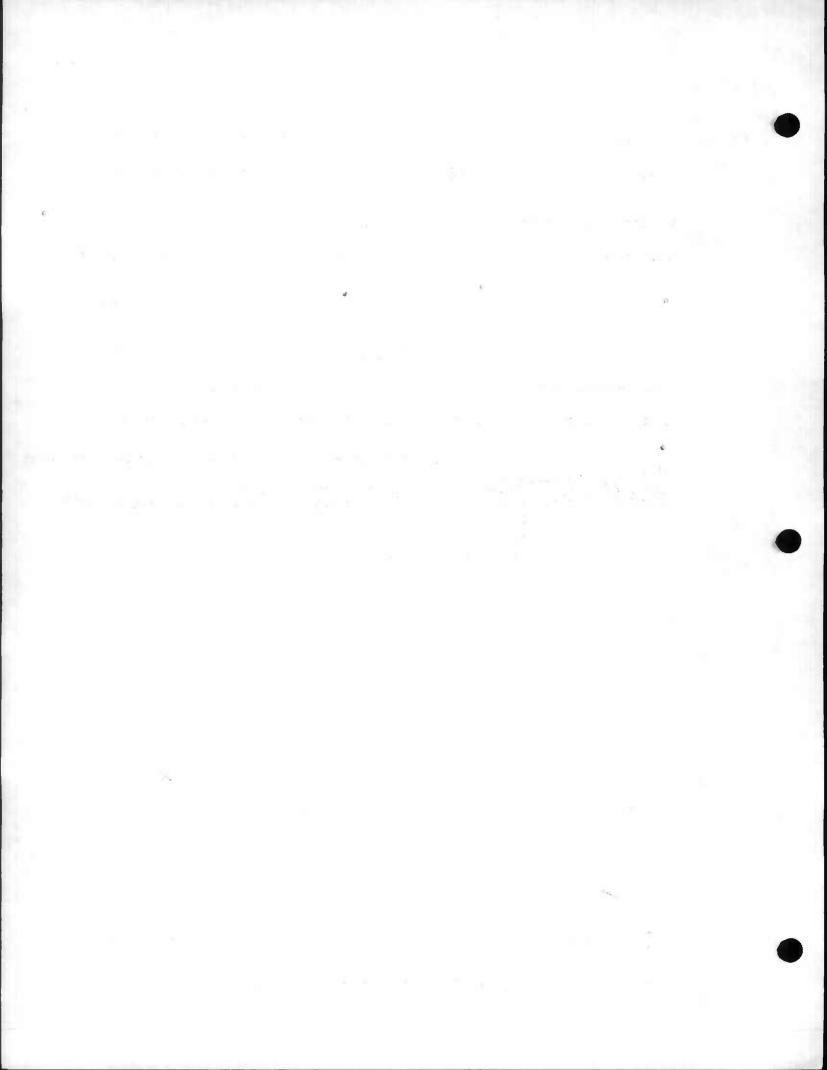


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Rea. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3 Time of Death Day Month Year **Physician** Fenvick Sarah 1998 1:500.m 29, /Medical January 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Charles Charles County Nursing & Rehab. Cnt. La Plata, If Under 1 Year If Under 24 Hrs.
Months Devs Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1 M XXF Director 216-40-7088 86 February 26, 1911 Maryland Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r then "natural", or itams 23a or 28a-1 show the Medical Examiner must be notified at Director 1 ☐ Yes 2 ■ No Maryland St. Mary's Park Hall 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 20667 Funerai P.O. Box 284 United States death 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 2 should be filed within 72 hours efter end Mental Hygiene. s merked other than "natural", or ita 1 ☐ Yes 2 ■ No If Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0020 1 ☐ Yes 2 ■ No Specify: þ Specify: 3 ■ Widowed 4 □ Divorced Black Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 **Housewife** N/A other treumatic event, 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 Lewis Marshall Brooks Martha Dorsev 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 st Department of Health end Important: if item 27 is n any injury or other treun 9 Virginia Milburn, Daughter P.O. Box 284, Park Hall, Maryland 20667 Baltimore, 20a. Method of Disposition 20b. Place of Disposition (Neme of Date 20c. Location - City or Town, Stete cemetery, cremetory or other place) 1 ■ Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. Peter Claver 2/2/98 St. Inigoes, Maryland 24. Signatur of Funeral Se 22. Name and Address of Facility Brinsfield Funeral Home, P.A. 23a. Part1. Enter the disease, or complication, that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Approximete Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical Ovarian Cancer Examiner Due to (or es a consequenca of): Examine buriel-tren Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or as a consequence of): Box 68760. nding physician 8 Physician/Medicai the Due to (or es e consequence of): resulting in death) Last 80 use for P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuse of deeth? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings evailable prior to Completed 24a. Was an eutopsy peen completion of cause of death? page 2 hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital 25. Was case referred to medical examiner? Be 26. Piece of Death (Check only one) Hospital: Other: Nursing Home 5 Residence 6 Other (Specify) 0 1 Inpatient 2 ER/Outpatient 3 DOA After this 28c. Injury at Work? 27. Magner of Deeth 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how Injury occurred 1 Naturel
2 Accident 5 Pending investigation or Attending To the Hospital or Attendir within 24 hours efter death. To the Funeral Diractor: A 1 Yes 2 No 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 2 4 ☐ HomicIde Certifying Physicien: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and manner es stated.

| Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier Medical completely (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) January 30, 1998 D28352 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 20640 Krishan Mathur, M.D. P.O. Box 2729, La Plata, MD 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Falia Davidson Rardall 1998 Registrar FEB

DHMH 16 Rev 6/95



Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Day Month Year Olivia Hope Fallin 28, January, 1998 9:30 PM 4e Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth 39031 Hodges Road Avenue If Under 24 Hrs. St. Mary's Birthplece (State or Foreign Country) if Under 1 Year 8. Dete of Birth (Month, Dey, Yeer) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Deys Months Hours 1 ☐ M 2 🖾 F Yrs 578-58-1546 91 January 7, 1907 Virginia Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits St. Mary's 1 Yes 2 No Maryland Avenue 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 39031 Hodges Road 20609 U.S.A. 14. Raca - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Status 1 ☐ Yes 2 No if Yes, Give 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced Yeer or Detes: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 2 yr College Nurse Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Andrew Lawson Headley Blanche Mabe 1 Sewell 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Juanita Gass/Daughter P.O.Box 202, Avenue, MD 20609 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from Stete Charles Memorial Gardens 2/2/1998 Leonardtown, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecllity 21. Signeture of Funeral Service Licansee Mattingley-Gardiner Funeral Home, P.A. P.O.Box 270, Leonardtown, MD 20650.

23e. Pert1. Enter the disease, or comblications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one ceuse on each line. Approximete Intervel Between Onset and Death Immediate Ceuse (Final disease or condition resulting in deeth) hopartana Due to (or es e consequence of) Due to (or es e consequence of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown truit Lebrillation 24b. Were autopsy findings avelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner

physician end s the burial-transit

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is certificate has director, pege 2

this funeral

After

actor: in by the

death.

Hospital or At 24 hours after of Funeral Direct

To the Hospital within 24 hours a To the Funeral Completely filled filled

The law requires that the deeth certificate be executed

Attending Physician:

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

Be

10

Certification:

edical

Physician

/Medical

Examiner

Directo

Funeral

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Completed

Be Lo

Funeral

Director

death with the Maryland

altimore, Maryland 21215-0020

filed within 72 hours efter death with the Marylan Hygiene.

Other than "naturel", or frame 23a or 28a-f ahow ent, the Modreal Examiner mant be notified as

permit. Peges 1 and 2 should be filed wit Depertment of Health and Mental Hygiens Important: If them 27 is marked other that any fujury or other traumatic avent, train once.

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in deeth) Lest

25. Wes case referred to medicel

John F. Fenwick, MD

31. Dete filed (Marth Bay, Yeer) 1998

26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

examiner? Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 27. Manner of Deeth 28e. Dete of injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of

5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, State)

28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 T Homicide

2.2-96

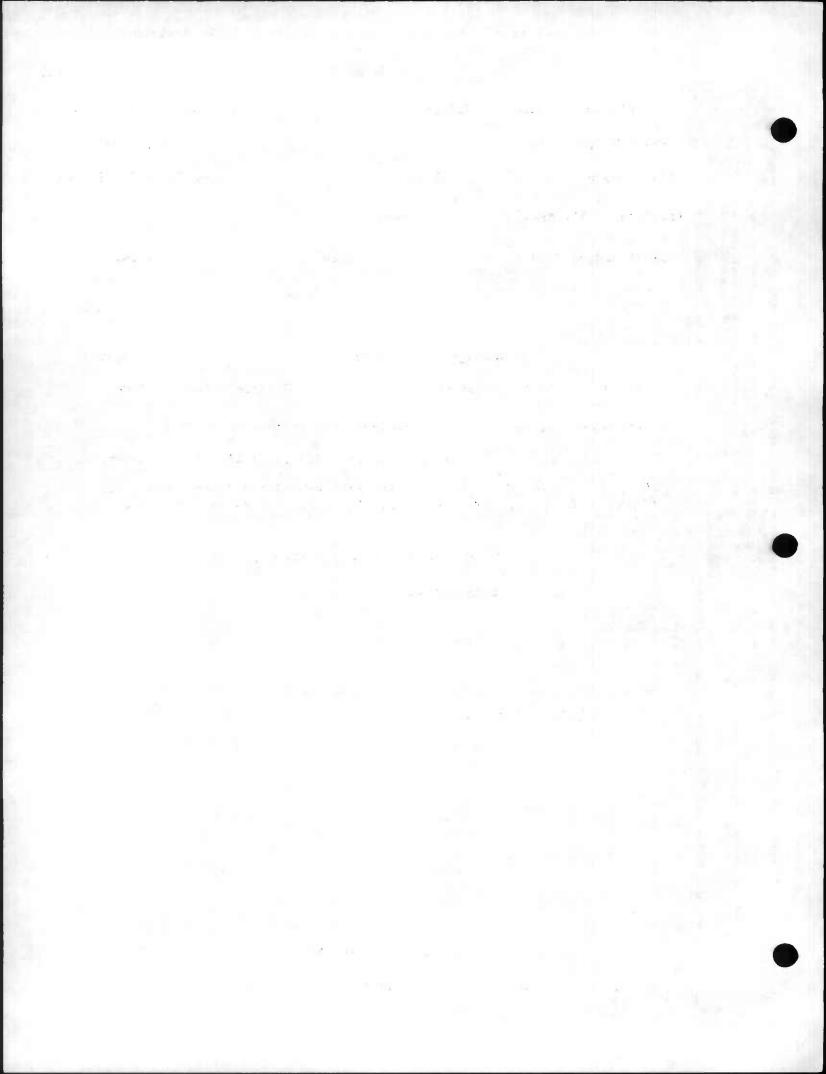
12 Sertifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the ceuse(s) end manner es steted.
2 Madical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pieca, and due to the ceuse(s) end menner steted. 29a. Certifier (Check only one) 29b. Signature and fille of pertities 29c. License number 29d. Date signed (Month, Dey, Year)

30. Neme end eddress of person who completed cause of deeth (Item 22e) (Type, Print)

Leonardtown, MD 20650

D01380

State Registrar 32 Registrar's Signature

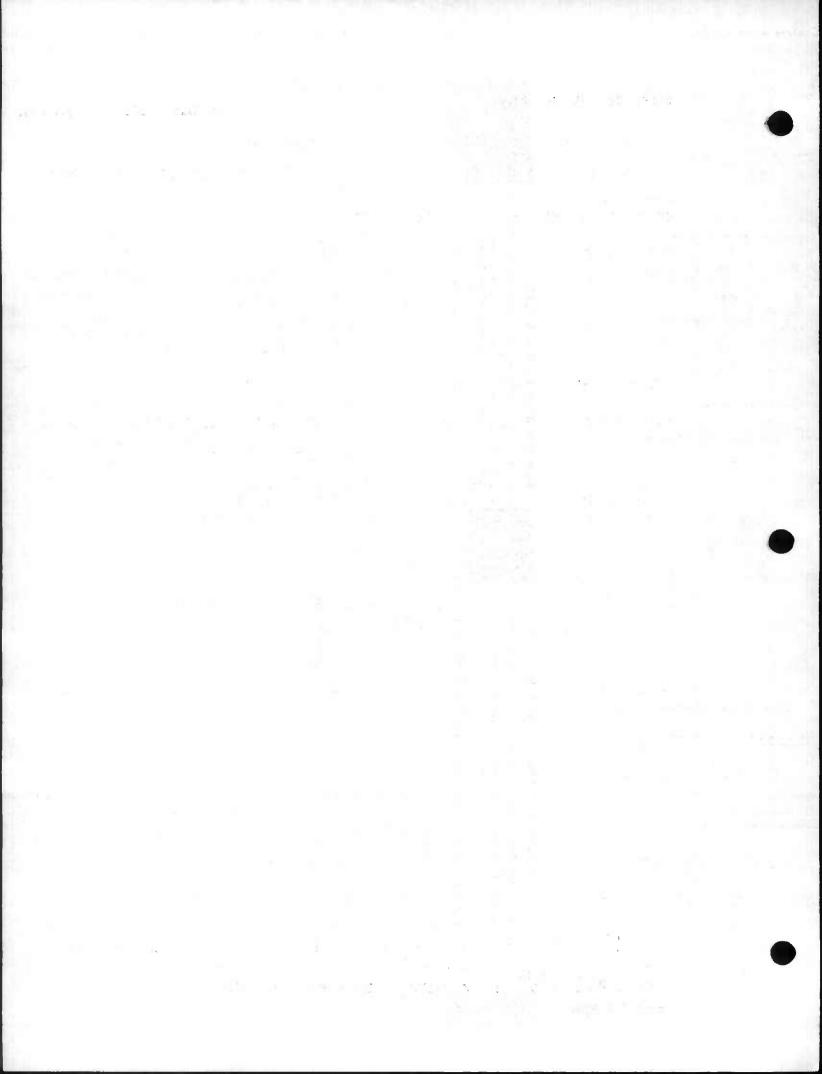


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Daath Dev **Physician** FLORENCE LOUISE FINAN FEBRUARY 2 1998 /Medical 2:45 PM 4a. Facility Nema (If not institution, giva street end number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** SACRED HEART HOSPITAL CUMBERLAND ALLEGANY if Undar 1 Year If Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiace (State or Foraign Country) **Funeral** Months Days 1 □ M 2 X F 79 Vre **Director** 214-07-5167 NEW JERSEY July 21,1918 Usual Residence of Decedant with the Maryland 10a. Steta 10c. City, Town or Location 10d. inside City Limits ?7 Is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 ♥ Yas 2 No MD Director ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 201 CUMBERLAND STREET 21502 pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner mast once. U.S.A. Funeral 12. Wes Decedant Evar In U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - Amaricen Indian, 11. Marital Status Black, Whita, atc 1 Yes 2 No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐XNo Specify: WHITE Specify þ 3X Widowed 4 ☐ Divorced Completed Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry 1) Automotive Elamantary/Secondary (0-12) Collaga (1-4or 5+) 2) Medicine Sales Rep. 2) EKG Tech 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) ROBERT MORTON CHANDLEE MARY SMALL 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) PATRICIA FINAN WRIGHT/DAU. 12410 BUCK CROSS LANE, N.E.-CUMBERLAND, MD 21502 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a Method of Disposition Data 20c. Location - City or Town, State 1 Burlal 2 ☐ Cramation 3 ☐ Removal from Stata HILLCREST BURIAL PARK 2/7/98 CUMBERLAND, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensius 22. Nama and Addrass of Fecility UPCHURCH FUNERAL HOME, P.A He 202 GREENE ST., CUMBERLAND, 21502 23a. Pert1. Entar the draasa, or complications that ceusad the daath. Do not antar the mode of dying, such as cerdiac or raspiretory arrast, shock, or haart failura. List only ona causa on aach lina. Approximeta Intarval Batween Onsat and Daath Physician /Medical Immediata Causa (Final disaase or condition rasulting in death) LOWS Examiner Examiner the attending physician and hed for use as the bunal-transit the death certificate be executed Sequentielly list conditions, if eny, laading to immadiata ceusa. Entar Undarlying Causa (Disaase or Injury that Initiated evants rasulting In daath) Last P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. page 2 should be detached 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ģ 24b. Wara autopsy findings eveilabla prior to completion of ceusa of daath? 24a. Was an autopsy been s Completed parformed aw. certificate has 1 Yes 2/2 No 1 TYes 2 No director, 25. Was cesa rafarred to madicel axaminar? Be 26. Placa of Death (Check only ona) Hospital: 1 ☐ Yas 25 No Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) P 1 inpatiant 2 ER/Outpatient 3 DOA this funeral 27 Mannar of Deeth 28a. Date of Injury (Month, Day 28c. Injury at Work? I or Attending Pl after death. Director: After th Certification: 28b. Time of 28d. Dascribe how injury occurred 1 Naturai 5 Panding invastigation Injury 1 ☐ Yas 2 ☐ No the t 2 Accidant 6 Could not be dataminad 3 ☐ Sulcide 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) Location (Streat and Number or Rural Routa Number, City or Town, Stata) filled in by 4 Homicida Hospital of 24 hours at Funerel D 12 Certifying Physicien: To the bast of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and mannar as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. edical 29a. Certifiar (Check only one) To the Vithin 2 29d. Data signed (Month, Day, Year) 29b. Signatura end tha of certifian 29c. Licansa number 10 FEBRUARY, 3 una 1998 30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print) Mel JOHN MEHANNA, M.D. SETON DRIVE CUMBERLAND, MD 21502 31. Data filed (Month, Day, Year) 32, Registrar's Signetura State FEB 0 5 1998 Registrar

DHMH 16 Rev 6/95



Certificate of Death 1. Decedenl's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** January 30 1998 Francis DeSales Gibson 10:07 a.m. /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner St. Mary's Hospital Leonardtown St. Mary's | If Under 1 Year | If Under 24 Hrs. | 8. Dele of Birth (Month, Dey, Jun 28, 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (State or Foreign Country) **Funeral** 1⊠M 2□ F 218-24-0054 70 Yrs. Director Washingotn, DC Usuei Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits I is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner must be notified at Maryland St. Mary's 1 ☐ Yes 212 No Director Bushwood 10e. Street end Number 10f. Zip Code 10g. Citizen of Whel Country? 22090 Colton Point Road 20618 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Status 14. Race - American indien, Black, White, etc. 1⊠ Yes 2 No If Yes, Give Yeer or Dates: 1945–1946 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: White by 3 ☐ Widowed 4 ☐ Divorced Specify: 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 end 2 should be filed within nent of Health and Mental Hygiene. int: If Item 27 Is marked other than " Elementery/Secondary (0-12) College (1-4or 5+) 11th Grade Carpenter Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Thomas Laurie Gibson, Sr. Essie Mae 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Paula E. Gibson/Spouse 22090 Colton Point Rd., Bushwood, MD 20618 20e. Method of Disposition 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) 20c. Location - City or Town, Stete 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from Slate permit. Page Department o Important: If any fnjury or 02-04-98 Bushwood, MD 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Heart Cemetery 22. Name end Address of Fecility Mattingley-Gardiner Funeral Home, P.A. P.O. Box 270, Leonardtown, Management of the property of the p P.O. Box 270, Leonardtown, Maryland 20650 **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) Examiner requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immediate cause. Enler Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Box 68760 Physician/Medical the Caxcinongo of Lung Pert ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobecco use contribute to the cause of death? P.0. signed by t 1 Yes 2 No 3 robably 4 Unknown Completed 24b. Were autopsy findings eveilable prior to completion of cause of deeth? April Flu HW 24e. Wes en eutopsy performed? certificate 1 ☐ Yes 2€ No 1 ☐ Yes 2 ☐ No Vital Hospitat or Attending Physician: 24 hours after death. Funeral Director: Atter this certificately filled in by the funeral director, Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Medical Certification: To 1 Inpetien 2 □ ER/Outpatient 3 □ DOA of 27. Menner of Death 28e. Dete of Injury (Month, Dev Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Neturel 5 Pending 1 Tyes 2 No 2 Accident Investigation 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospitat o within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) end manner sleled. 29a. Certifier 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) Dr. Kiran Mehta Philip J. Bean Medical Ctr. Hollywood, Md 20636 31. Dete filed (Month, Day, Year)

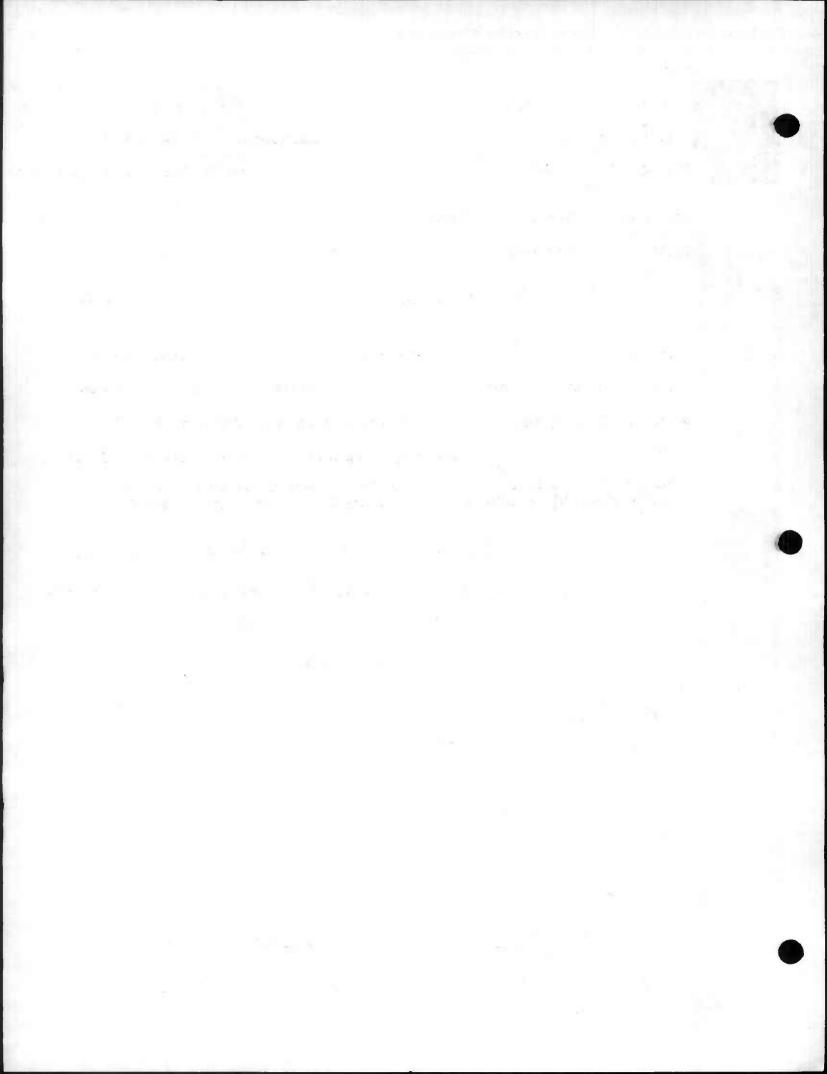
32. Registrer's Signeture

Tolal Savilson Randall

DHMH 16 Ray 6/95

State

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Daath Month Dey **Physician** GEORGE ALTON GRAY 3:55 X4 FILE /Medical 4a. Fecility Name (If not institution, give streat end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CHARLOTTE HALL VETERANS HOME CHARLOTTE HALL ST. MARY'S 8. Dete of Birth (Month, Dey, Yeer) JULY 6, 191 If Undar 24 Hrs. 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) 9. Birthplaca (Stata or Foreign **Funeral** Days Months 1 X M 2 □ F Hours 214-12-7299 MARYLAND 1919 Director 78 Usual Residence of Decedent with the Maryland permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health end Mental Hygiane.
Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumetic evant, the Medical Examiner must be notill a 1 at once. 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 Yes 2 □ No MARYLAND CHARLES BRYANS ROAD 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 113 GENTRY COURT 20616 UNITED STATES Funeral 12. Was Decadent Ever in U,S. Amed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give 11. Marital Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indien Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: þ BLACK 3 Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry 2121 Elementary/Secondery (0-12) 5 + College (1-4or 5+) COUNSELOR GOVERNMENT Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be GEORGE M. GRAY MARY SMITH GRAY 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) REGINA WASHINGTON/ SISTER 8181 LAKEVIEW DRIVE, POMFRET, MARYLAND 20675 altimore. 20a. Method of Disposition
1 → Burial 2 □ Cremetion 3 □ Removal from State 20b. Piece of Disposition (Neme of 20c. Location - City or Town, Stete cametery, cremetory or other plece) 4 ☐ Donetion 5 ☐ Othar (Specify) MARYLAND VETERAN CEMETERY 2/13/98 CHELTENHAM, MARYLAND 22. Name and Address of Fecility
THORNTON FUNERAL HOME, P.A.
3439 LIVINGSTON ROAD, INDIAN HEAD, MD. 20640 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert failure. List only one ceuse on each line. Approximeta Intervel Between Onset end Death **Physician** Immediete Ceuse (Final disease or condition resulting in death) /Medicai Due to (or es e consequence of): MINUXES Examiner Physician/Medical Examiner The law requires that the death certificate be executed Sequentielly list conditions, if any, leading to Immadiate cause. Enter Underlying Ceuse (Disease or injury that initiated events rasulting in death) Lest for use as the bunal-tran Due to (or es e consequence of) Records, P.O. Box 68760, Due to (or as e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? director, page 2 should be detech 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings eveilabla prior to completion of cause of deeth? Completed 24e. Wes en eutopsy parformed? 1 ☐ Yes 2 Ø No After this certificate 1 ☐ Yes 2 ☐ No Division of Vital Attanding Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 ☐ Yes 2 ☑ No 1 ☐ Inpatient 2 ☐ ER/Outpetiant 3 ☐ DOA filled in by the funeral 27. Menner of Death 28e. Dete of Injury (Month, Day Yeer) Certification: 28c. Injury et Work? 28b. Time of 28d. Dascribe how injury occurred 1 Naturel 5 Pending • Hospital or Att.

· hours after death.

· I Diractor: AF

ry the 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 - Homicide To the Hospital within 24 hours a To the Funeral D completely filled 1🖆 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the ceuse(s) end menner es steted. Medical 29a. Certifier 2 Medical Exeminer: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and manner stated. 29b. Signature end title of certifier 29c. License numbar 29d. Date signed (Month, Day, Yeer) 00.7347 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 1178/ LIVINGSYON Rd. FERY WASH- Md. Je 744 R.M. NEDZBALAMA

32. Registrer's Signeture

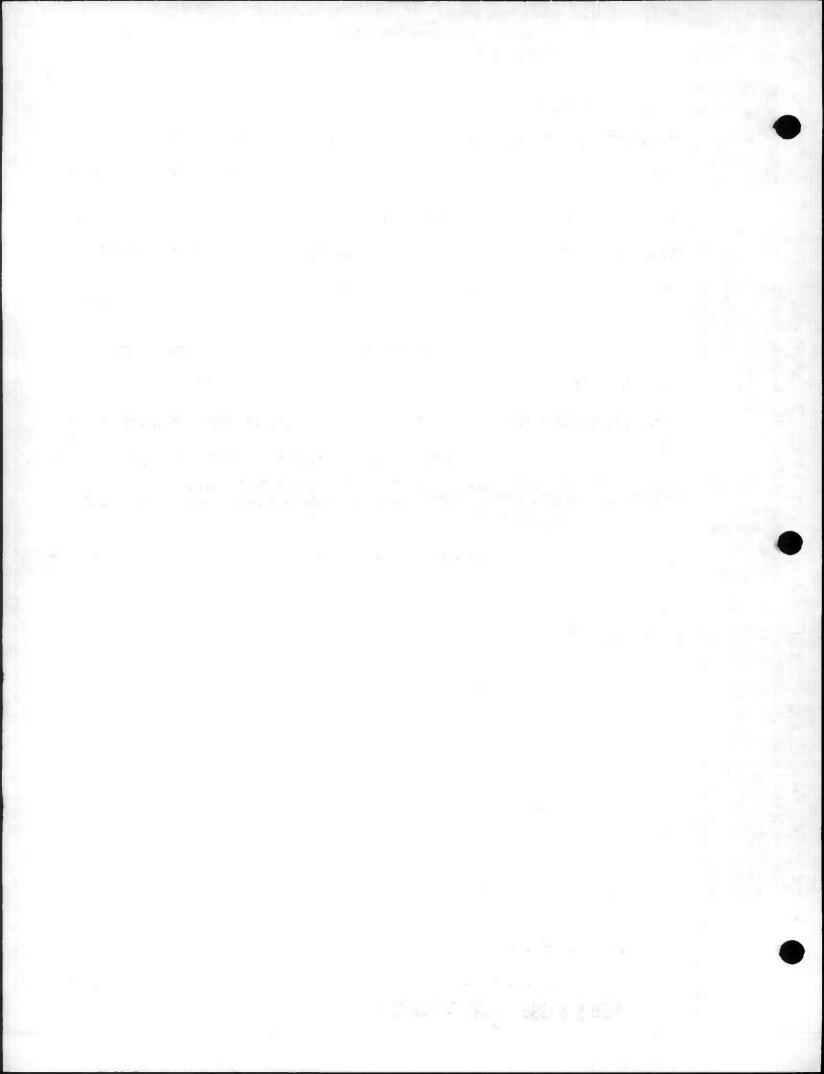
State Registrar

31. Dete filed (Month, Dey, Year) FEB 1 0 1998

03:55 am

866

George



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Beverly Mae Gilroy February 4, 1998 5:40pm /Medical 4b. City, Town, or Location of Death 4e. Fecility Neme (If not institution, give street and number) 4c. County of Deeth **Examiner** It Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth | 9 Months | Deys | Hours | Min. | March | Day2 (Par) | 1935 Physicians Memorial Hospital Charles 7. Age (In yrs. last birthday) 62 Yrs. Birthplece (State or Foreign Country) 5. Social Security Number 6. Sex **Funeral** 1□M 20F MD Director 220-32-6930 Usuel Residenca of Decadent 10a. State 10b. County 10c. City, Town or Location 10d, Instde City Limits 28a-f show itam 27 is marked other than "natural", or items 23a or 28a-f shor other traumatic event, the Medical Examiner must be notified at MD Charles 1 ☐ Yes 2 ☐ No Director Nanjemoy 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 9310 Ironsides Rd 20662 U.S.A. Funera 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Stetus 1 ☐ Yes 2 ☑ No if Yes, Give Yeer or Detes: 1 Never Married 2 ☐ Married 1□ Yes 2√2 No Specify. ģ White 3 Widowed 4 Divorcad Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry e filed within 7 Etementery/Secondary (0-12) College (1-4or 5+) Homemaker Home 9 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be 2 should be f and Mantal I Bernard Melvin Gilrov 2 Minnie Mae Johnson Gilroy 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 st Department of Heelth and important: If itam 27 is m any injury or other traum Judy Richards/Daughter 5003 Albacore Crt. Waldorf,MD 20603 20b. Plece of Disposition (Name of cemetery, crematory or other place, 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from Stete 4 □ Donetion 5 □ Other (Specify) Gilroy Family Cem. 2/7/98 Nanjemoy, MD 21. Signetury of Funeral Service Licensee 22. Name and Address of Fecility AREHART-ECHOLS FUNERAL HOME, PA M00945 P.O. Box 567 LaPlata, MD 20646 Approximete Interval Between Onset end Deeth 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory shock, or heart failure. List only one cause on each tine. Physician Immediete Ceuse (Finel diseese or condition resulting to death) /Medical **Examiner** Examiner ettending physician end for use es the bunal-trensit Sequentially tist conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of) Pert it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? the signed by 1 No 3 Probably 4 Unknown 90 by 24b. Were autopsy tindings aveileble prior to completion of cause of death? Completed 24e. Wes en eutopsy 1 Tyas 2 No 1 Yes 2 No spital or Attending Physician: mours after death.
neral Director: After this certificat.
y filled in by the funaral director, p. 25. Wes cese referred to medical Be 26. Plece of Deeth (Check only one) Hospitat: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2€ No 2 ER/Outpatient 3 DOA 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Piece of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours af To the Funeral DI completely filled in 1 Cartifying Physician: To the best of my knowtedge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basts of examinetion end/or investigation, in my optnon, deeth occurred et the time, date end place, end due to the ceuse(s) end menner steted. 29e. Certifier Medicai 29c. License number 29d. Dete signed (Month, Day, Year) RUS D-08370 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Pritchett M.D. 118 LaGrange Avenue La Plata, MD 20646

State Registrar

31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

John Shudson Rardall

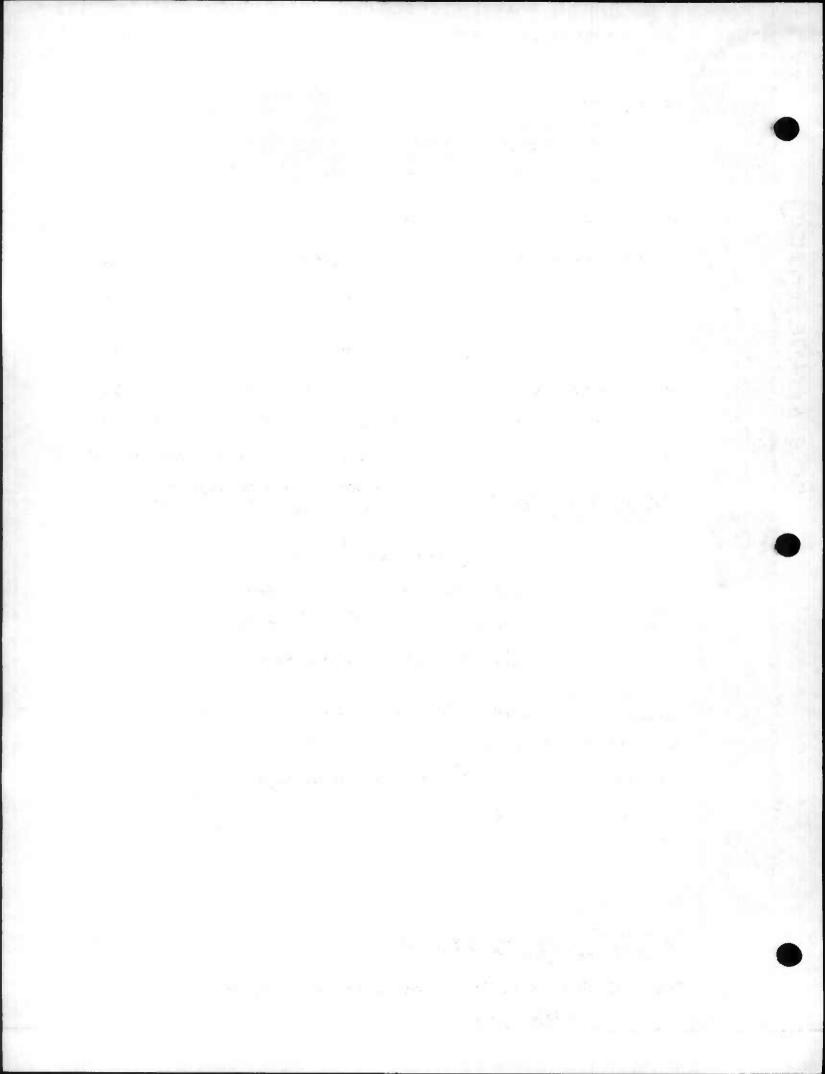
ever/y Mae Gil

certificete be executed

Box 68760,

Records,

Division of Vital



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Nema (First, Middla, Last) 2. Data of Daath Month **Physician** RICHARD LEE GRAY 7 1998 /Medical FEBRUARY 6:15AM 4a. Fecility Nama (If not Institution, give street end number) 4b. City, Town, or Location of Death **Examiner** 4c. County of Death 11829 VALLEY ROAD CUMBERLAND ALLEGANY If Under 1 Year | If Under 24 Hrs. 5. Sociel Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplece (Stata or Foreign Country) **Funeral** Days **X**M 2□ F Months Hours Yrs. Director 218-30-0626 61 SEPT 10 1936 MARYLAND Usual Residance of Decedent the Maryland 10a Stata 10b. County 10c. City. Town or Location 7 is marked other then "netural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notined all 10d. Inside City Limits MARYLAND 1 Yas No Directo ALLEGANY CUMBERLAND 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 210 HARRISON STREET 21502 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes ≥ 2 EYNo If Yas, Giva Year or Datas: 11. Maritel Stetus 13. Was Decedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - Amaricen Indian, Black, White, atc. 72 hours efter 1 Nevar Marriad 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yes 2XXNo Specify: WHITE à permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mantal Hygiena. Important: if Item 27 is marked other than "natural", any injury or other traumatic event, the Medical Exagnos. 3 ☐ Widowed 4 Divorcad Completed 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) GUARD/PRIVATE INDUSTRY **GUARD** 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumema) Be DANIEL THEODORE GRAY CATHERINE KEMP 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) KIM ANN BAKER DAUGHTER 11829 VALLEY ROAD CUMBERLAND MARYLAND 20b. Piece of Disposition (Nama of cematary, cramatory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata CUMBERLAND CREMATORY FEB 7, 1998 CUMBERLAND MARYLAND 4 ☐ Donation 5 ☐ Othar (Spacify) 21 Signature of Funaral Sarvice Li 22. Nama and Addrass of Fecility MERRITT-ADAMS FUNERAL HOME emil 404 DECATUR STREET CUMBERLAND MARYLAND OX 23e. Pert1. Entar the diseasa, or comblications that ceused the daeth. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Intarvsi Batween Onsat and Death **Physician** /Medical Immediate Causa (Final disaasa or condition resulting in daath) Examiner Dua to (or es a consequance of) Examiner The law requires that the death certificate be axecuted attending physician end for use as the buriel-tran Sequantially list conditions, if any, laading to Immadiata cause. Entar Undarlying Causa (Olsease or injury thet Initiated avants resulting In daath) Last Dua to (or es a consequance of): P.O. Box 68760, ath X Physiclan/Medical the Dua to (or as e consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 10 7es 2□ No 3 Probably 4 Unknown Records, by 24b. Were autopsy findings evellebla prior fo complation of cause of daath? Completed 24a. Was en eutopsy performed? page 2 hes 1 Yas 2 No 1 ☐ Yas 2 ☐ No Division of Vital ai or Attending Physician: T s aftar death. ii Director: After this certificat ed in by the funeral director, pa 25. Was case raterred to medicel axaminer? \$ \$2€ \$ \$4\$

Yes 2□ No Be 26. Placa of Death (Check only ona) Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Home Certification: To 5 Rasidance 6 □Othar (Specify) 27. Menner of Death 28e. Data of Injury (Month, Day Year) 28b. Time of 28d. Dascribe how Injury occurred 28c. injury at Work? 5 Panding invastigation 1 Natural 2 Accident 1 Yas 2 No 3 Suicide 6 Could not be detarmined 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Plece of Injury - At home, farm, streat, factory, office building, etc. (Spacify) 4 Homicide • Funeral Hospital edical Certifying Physician: To tha best of my knowledga, death occurred at tha time, dete end placa, and dua to tha cause(s) end mannar as stated.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner statad. within 24 hor To the Fune completaly fi 29a. Cartiflar (Check only one) 29b. Signetura and titla of certifier 29c. Licansa number 29d. Deta signed (Month, Day, Year) 0

D 17565

FEBRUARY 7, 1998

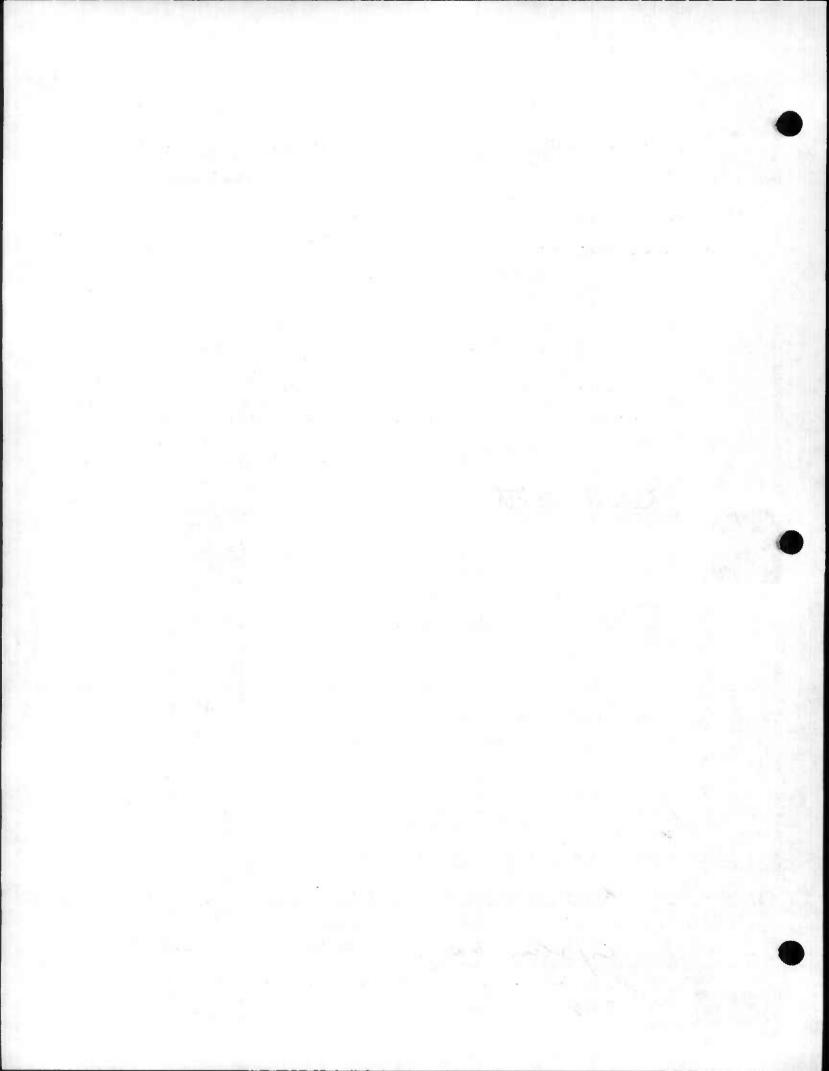
JWD State

DR ANTHONY J. BOLLINO, JR. 922 NATIONAL HIGHWAY LAVALE, MARYLAND

31. Date filed (Month, Day, Year)
FEB 0 9 1998

30. Nama and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

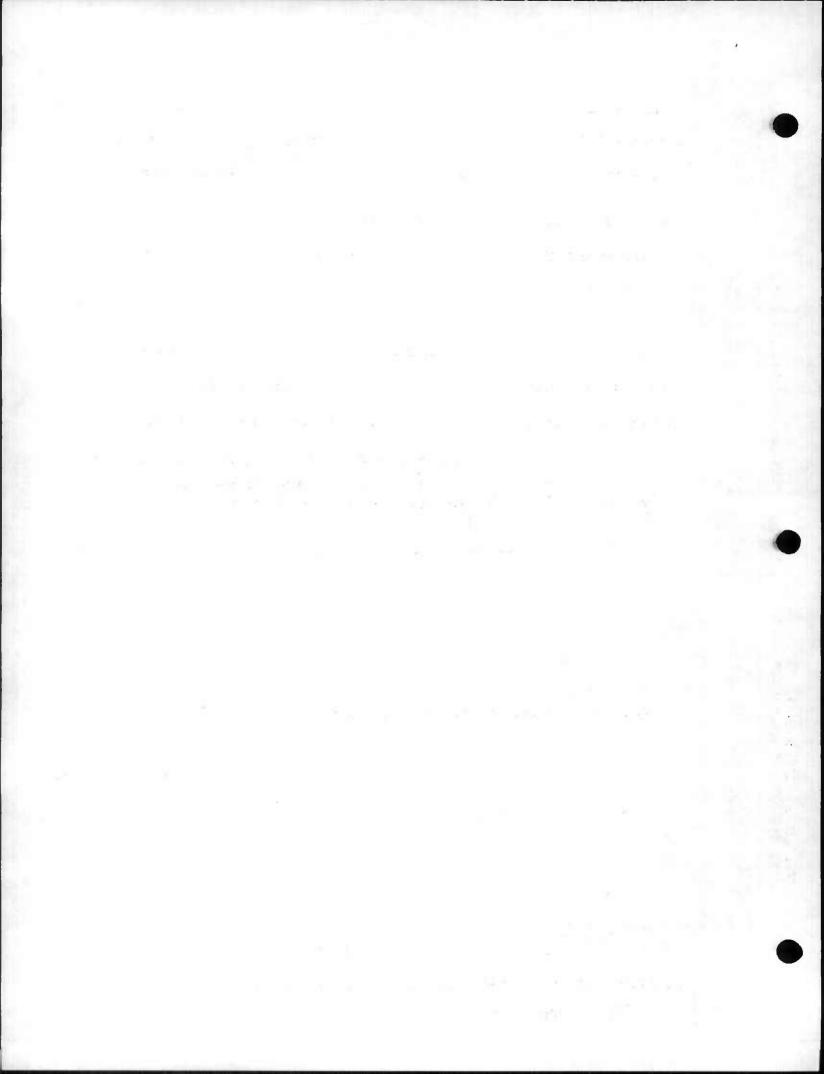
Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Feb 5, 1998 Betty Lou Greene 09:45 /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner MEMORIAL HOSPITAL CUMBERLAND ALLEGANY If Under 1 Year 5. Social Security Number 7. Age (In vrs. last birthday) If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yeer) Dec 17, 1929 Birthplece (State or Foreign Country) **Funeral** 1 □ M 200 F Months Deys Hours Min Yrs. 218-24-8411 Director 68 Usuel Residence of Decedent with the Maryland 10e. Stete show 10b. County 10c. City. Town or Location 10d. Inside City Limits al', or items 23a or 28a-f show Director 1X Yes 2 □ No Allegany Cumberland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? USA Funerai 117 Mullen Street 21502 death 12. Wes Decedent Ever in U,S.
Armed Forces?
1 ☐ Yes 22 No
If Yes, Give 11. Mentel Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Black, White, etc. filed within 72 hours after 1 ☐ Never Married 2 ☑ Married altimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: by 3 ☐ Widowed 4 ☐ Divorcad Year or Dates: white natural. Completed The Medical 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry I Hygiana. Elemantary/Secondery (0-12) College (1-4or 5+) Own Home 12 Homemaker 17. Fethar's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) . Pages 1 and 2 should be fit thent of Haalth and Mantal H tant: If item 27 is marked oth jury or other traumatic even Be Ralph K. Portmess Bertie (Leach) 19e. Informent's Nama/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 117 Mullen Street Cumberland MD 21502 Robert Greene-husband 20b. Plece of Disposition (Neme of cemetary, crametory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Buriel 2 Cremation 3 Removal from Stete permit. Page Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) St. Mary's Cemetery Cumberland MD 02/09 22. Name and Address of Facility
Scarpelli Funeral Home, P.A. 21. Signature of Funeral Servica Licensee Cumberland MD 21502 ames 23a. Part / Entar tha disease, or complications that caused the daath shock, or heert failura. List only one ceusa on each liny. Do not enter tha mode of dylng, such es cardiac or respiretory errest, Approximate Intervel Batween Onset end Deeth **Physician** Immedieta Cause (Final disease or condition resulting in deeth) /Medicai BACTERIAL PNEUMONIA AND SEPSIS 1 WEEK Examiner Due to (or as e consequence of) The law requires that the death cartificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Last and bunial-tran Due to (or es e consequenca of): 218-24-8411 Il Records, P.O. Box 68760, attending physician Physician/Medical for use as the Due to (or as a consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco usa contributa to the cause of death? signed by 1 ■ Yes 2 No 3 Probably 4 Unknown SEVERE CHRONIC OBSTRUCTIVE PULMONARY DISEASE 2 director, page 2 should be Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings available prior to certificata has been completion of cause of death? 1 ☐ Yes 2 No BETTY GREEN 2
Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica Be 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) To 1 ☐ Yes 2 No 1 N Inpatient 2 □ ER/Outpatient 3 □ DOA 28e. Date of Injury (Month, Day Year) Certification: 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 Matural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homiclde 24 hours Medicai 29a. Cartifier 1 Certifying Physician: To tha best of my knowladge, daath occurred et the time, date end place, and due to the cause(s) end manner as steted. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) end menner steted. To the within 2 29b. Signature and title of curtified 29c. License number 29d. Dete signed (Month. Dav. Yeer) FEBRUARY 6, 1998 3497 30. Nama and eddrass of person who complated causa of daath (Item 23a) (Type, Print) mas DR. DANIEL LEIBMAN, MEMORIAL HOSPITAL, SUITE 400, CUMBERLAND, MD 31. Date filed (Month, Day, Year) 32 Registrar's Signeture State FEB 1 0 1998 a distribution and war Registrar

DHMH 16 Rev 6/95

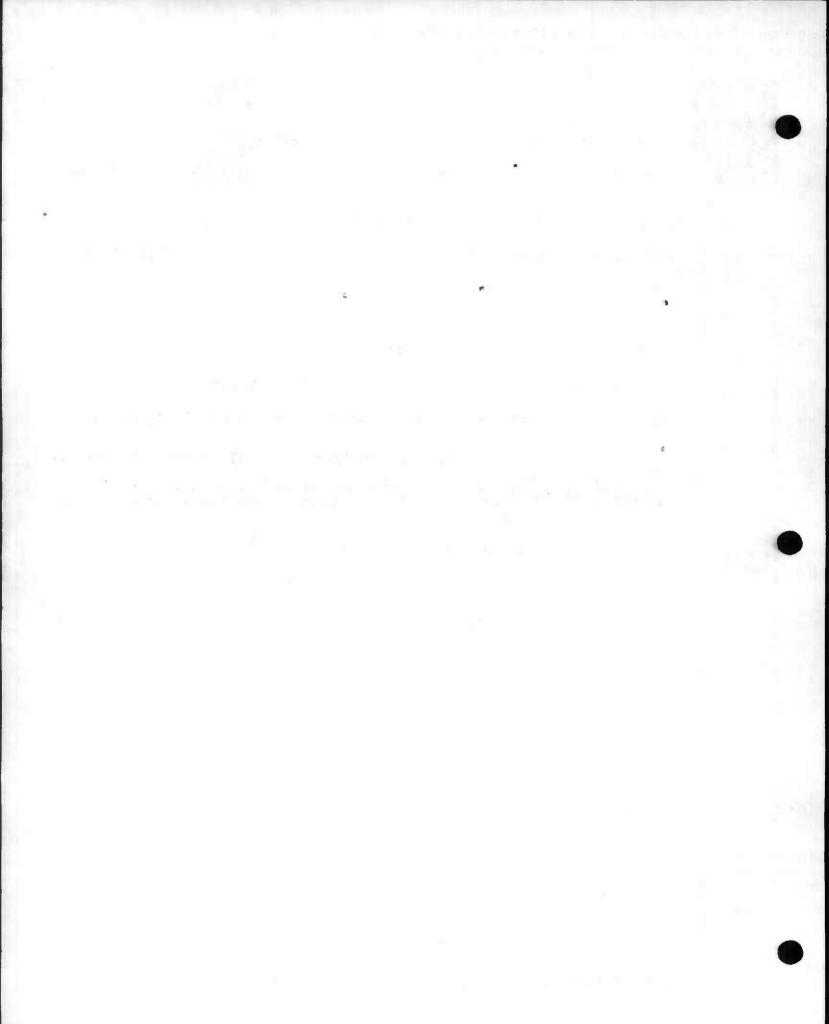


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Deeth February **Physician** Oľ 1998 8:10 PM Mary Frances Hall /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** St. Mary's St. Mary's Hospital Leonardtown Hours Min. 8. Dete of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Yeer 7. Age (In vrs. last birthday) 9. Birthplece (Stete or Foreign **Funeral** Deys 1 □ M 2 ■ F Months 92 Yrs. Maryland 217-32-2296 Director Usuel Residence of Decadent death with the Manyland 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits r 28a-f show Show 1 Yes 2 No Director Maryland St. Mary's Lexington Park 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? r than "natural", or items 23s or the Medical Examiner must be 20653 United States 48689 St. James Church Road Funerai 14. Raca - American Indien, Bieck, White, etc. 12. Was Decedent Ever in U,S. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Detes: filed within 72 hours efter Hygiene. Ither than "natural", or ite 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ■No Specify: Aq Specify: 3 Widowed 4 Divorced Black Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life, DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Cook Public Schools 5 other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Pages 1 end 2 should be finent of Health end Mental I ant: If item 27 is marked or Jacob Hawkins Rosie Hawkins 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informant's Neme/Reletionship (Type, Print) Christine Poole, 419 Torrington Place, Silver SPring, MD 20901 Daughter 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremetion 3 □ Removal from State permit. Page Department of Important: If any Injury or once. 2/17/98 Lexington Park, MD 5 Other (Specify) St. James Cemetery 4 Donetion 22. Name end Address of Fecility Brinsfield Funeral Home, P.A. Blankenship wichael 22955 Hollywood Road, Leonardtown, MD 20650 23e. Pert1. Enter the disease, or complications the caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceusing each line. Approximete Intervel Between Onset end Deel **Physician** /Medicai Immediate Cause (Finel neumonia -20 diseese or condition resulting in deeth) **Examiner** Examiner 05 14 physician end s the bunel-trens Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest The law requires that the death certificate be execu 63 MARY FRANCES HALL Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): attending p 88 been signed by the s should be deteched Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably A SUnknown þ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed page 2 s 1 Yes 2 No After this certificate 1 ☐ Yes 2 ☐ No Attanding Physician: director, 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) exeminer Hospital: 1 Suppatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1 Yes 2 No Other: 4☐ Nursing Home 5☐ Residenca 6☐ Other (Specify) filled in by the funeral 28a. Date of Injury (Month, Day Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation Neture Accident death. 1 ☐ Yes 2 🗆 No efter death 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours eff To the Funeral Di completely filled in 11 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner es steted.
2 Medical Exeminer: On the bests of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the cause(s) and manner steted. 29a. Certifier Medical (Check only one) 29b. Signature end title of certifier 29d. Date signed (Month, Dey, Yeer) 29c. License number MD 47066 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) AVANI D. SHAH M.D. PHILIP J. BEAN MEDICAL CTR. HOLLYWOOD, MD. 20636 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture State Registrar La Davideon-Randall

DHMH 16 Rev 6/95



Amended # 106, 788, 2/3/98, Allegany County

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9

				Cer	tilicate of	Death	1	Reg. No.		0000
Physic /Medi		1. Decedent's Name (First, Middle, Last) TERRY ALLEN HORN						1998	Yeer	3. Time of Deeth 1201AM
Exami	ner	4e. Fecility Name (If not institution, give street end SACRED HEART HOSPIT				4b. City, Town, or I			of Death	
Funeral Director		5. Social Security Number 219-52-0349 Usuel Residence of Decedent		lest birthdey) Yrs.	Months Deys		8. Dete of Birt (Month, De DEC 6		Coui	olece (Stete or Foreigntry) RYLAND
72 hours after death with the Maryland natural, or Items 23a or 28s-f show digns! Examiner must be notified at	tor	10a. State 10b. County MARYLAND ALLEGANT		VALE	cation				1	10d. Inside City Limit
28a	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Cour	ntry?
3a o		428 GEORGES CREEK	RIVD		2150	12		USA		
dean	Funeral	11. Maritat Status 12. Was	Decedent Ever in t		Vas Decedent of	Hispanic Origin? (S	pecify Yes or No-	14. Ra	ce - Americ	can Indien,
n /z nours aner "naturaf", or ite coloai Examine	by	1 Never Married 2 Married 1 ☐ Y	d Forces? 'es 2€ No i, Give or Dates:		Yes 2 No	pen, Mexicen, Puert Specify:	o ricen, etc.)	Specif	ck, White, by:	etc.
natur	ted	15. Decedent's Education (Specify only highest grade complete	(ad)	16a. Deced	ent's Usuel Occu	pation during most of wor	tin a	16b. Kind of B	usiness/In	dustry
than the Mo	Completed		ge (1-4or 5+)	DRI	O NOT use retire	ed)	xing	DELIV	ERY	
nd Mental Hygis marked other umatic event, to	To Be (17. Fether's Name (First, Middle, Last) ROBERT HORN				18. Mother's Nan	ne (First, Middle, WILES	Maiden Surner	ne)	
th and Mer 7 Is marks traumatic		19a. Informent's Neme/Relationship (Type, Print)		19b. Mailin	g Address (Stree	t end Number or Ru	ral Route Numbe	er, City or Town	State, Zip	Code)
- N -		SALLY HORN/WIFE		428	GEORGES	CREEK	BLVD.,	LA VAL	E, MI	21502
		20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 □ Removel fr		Place of Dispos cemetery, crem	sition (Name of etory or other ple	ace)	FEB OOG	20c. Location	- City or To	own, State
tant:		4 ☐ Donetion 5 ☐ Other (Specify)		EST LA	WN MEMO	RIAL GA	3 - 1 4 4 K	LA V	ALE,	MD
Depertment o important: If I any injury or once.	-	21. Signature of Funeral Service Licensee			Name end Addr	ess of Facility	THE H	ILLS M	ORTI	IARY
D = 6 0		Complex S. Ha	les)	13	302 NAT	CIONAL H	WY. LA	VALE.		21502
		23a. Part 1. Enter the discusse, or complications the shock, or heart failure. List only one ceuse	nat caused the dea on each line.	th. Do not ente	r the mode of dy	ing, such es cerdiec	or respiretory er	rest,		Approximate intervel Between
ysician Iedical					T AMTON				1	Onset and Deeth
iedicai aminer		tmmediate Cause (Final disease or condition resulting in deeth)	NTRICULAI	K ETRETI	LLATION				1	nk
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physicien end s the buriel-trensit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due to (or es e consequ	uence of):				1	
nding physicien end use es the buriel-trensit	n/Medical	thet initieted events resulting in death) Lest	Due to (or as a consequ	ence of):					
the atter hed for u	Physician	Pert II. Other significant conditions contributing	to deeth but not res	sulting In the un	derlying ceuse gi	iven in Pert I.	23b. Did t	obacco use co	entribute to	o the cause of death
igned by be detec	by Ph						×	Yes 2□No	3 □ Pro	bebly 4 Unknow
hes been signed l ge 2 should be det	Completed						24e. Wes perfo	en autopsy med?	ev	ere autopsy findings eileble prior to impletion of ceuse death?
9 8	Cou						1 🗆 Y	es 20 No	1[☐ Yes 2☐ No
certificate rector, pag	Be	25. Wes cese referred to medical examiner?		/			th (Check only o	ne)		
al din	2	and California and California and California	□ Inpatient	ER/Outpatient	3LI DOA		ome 5 Resid			y)
Affer	lon	1. Naturel 5 ☐ Pending	ete of Injury Month, Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe h	now Injury occur	rred	
y the fe	Icat	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	lana of taken. As h	4		Yes 2□No	OR Leasting /f	Man ad a med Advers	h	-/ Davida Alivertica
P P	Certification:	determined 200. F	lece of Injury - At h uilding, etc. (Speci	ify)	et, tectory, office		City or Tou	n, Stete)	oer or Hure	el Route Number,
thin 24 hours of the Funeral I	edicai	29a. Certifier 1 Certifying Physician: To Medical Examiner: On Medical Examiner:	the best of my known in the basis of examine manner stated.	owledge, deeth etion and/or Inv	occurred et the ti estigetion, in my	ime, dete end plece opinion, deeth occu	, end due to the or rred at the time, o	ceuse(s) end m date end plece,	enner as s end due to	teted. the cause(s)
To the	M	29b. Signature and title of certifier		DPTY ME	29c. Licen EX D (PEB 2 1	998	Dey, Year)
4		30. Neme end address of person who completed of								
nds		PAUL SNOW, M.D.	124 3 RD	ST CUM	B MD 21	502				
Sta		31. Dete filed (Month, Day, Yeer)	2. Registrar's Sign	eture						
Registi	ar	FEB 0 3 1998	Manager .	a Mile Arthred						
H 16 Ray 6/9	5									

A P. Landy B. Williams Social in the second second Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 Certificate of Death

Dir

Baltimore, Maryland 21215-0020

Phys /Me Exar

To the Hospital or Attending Physician: The law requires that the death certificete be executing to the firms of ended to the fundamental pleasers. After this conditions has been sinced by the attending to the fundamental presents. Division of Vital Records, P.O. Box 68760, 14

er	James	L. Har	tman						FEBRUA	RY I, 1	998	2015
	4a. Facility Neme (4b. City, To	own, or Lo	ocation of Deat	h 4c. County	of Death	
J	Sacred	Heart	Hospital	L			Cumbe	erlar	nd	Allec	gany	
	5. Social Security N	Number	6. Sex	7. Age (In yrs.	last birthda	Months Da		Min.	8. Dete of Bir (Month, Da	th	_	lace (State or Fore
	217-10-1	1413	¾ □ M 2□ F	81	Yrs.	WOITINS Da	ys Hours	IVHI).	Jun 1	6, 1916	MD	nry)
	Usual Residence of	1										
	10a. Stete	10b. County		10c. Cit	ty, Town or	Location					1	0d. Inside City Lin
5	WV	Minera	al		Fort	Ashby						1 Yes 2
Director	10e. Street and Nu	mber				10f. Zip Cod	е			10g. Citizen of	What Cour	ntry?
7	HC 86 Bc	ox 135				267	10			US.	Δ	
2	11. Marital Status	211 100	12 Was D	ecedent Ever in U	IS 1			rlain? (Sn	acify Vac or No		e - Americ	ean Indian
runerai	1 □ Never Marr	ind 2 Marri	Armed	Forces? s 2 □ No	,	 Was Decedent of If Yes, specify C 	uban, Mexica	n, Puerto	Rican, etc.)	Bla	ck, White,	
2	3 Widowed		If Yes	Give		1□Yes 🎾 I	No Specify	:		Specif	y:	1. 1.
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2	Charle	s W. Ha	ırtman				Mat	ilda	J. (Tw	rigg)		
	19e. Informant's No	ame/Reletionsh	nlp (Type, Print)		19b. Ma	illng Address (Str					Stete, Zip	Code)
	Ruth N.	Alt-da	ughter			36 Box 12						
ŀ	20e. Method of Dis		agricer	20h F		position (Name of		- nat	Date Date	20c. Location	City or To	wn State
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		5 ☐ Other (Sp		For	rt Asl	nby Cemet	ery		02/05	Fort A	shby	WV
	21. Signature of Fu	ineral Service L	Licensee			22. Name and Ad	dress of Facil	ity	l IIama	D 7		
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27 3	resulting in death) i	Lest	d				given in Pert	I.	1 ☐ 24a. Was perfo	Yes 2□ No an autopsy ormed?	24b. We av.	bably 4 Unkr ere eutopsy findin allable prior to mpletion of ceuse death?
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State of Maryland / Department of Health and Mental Hygiene

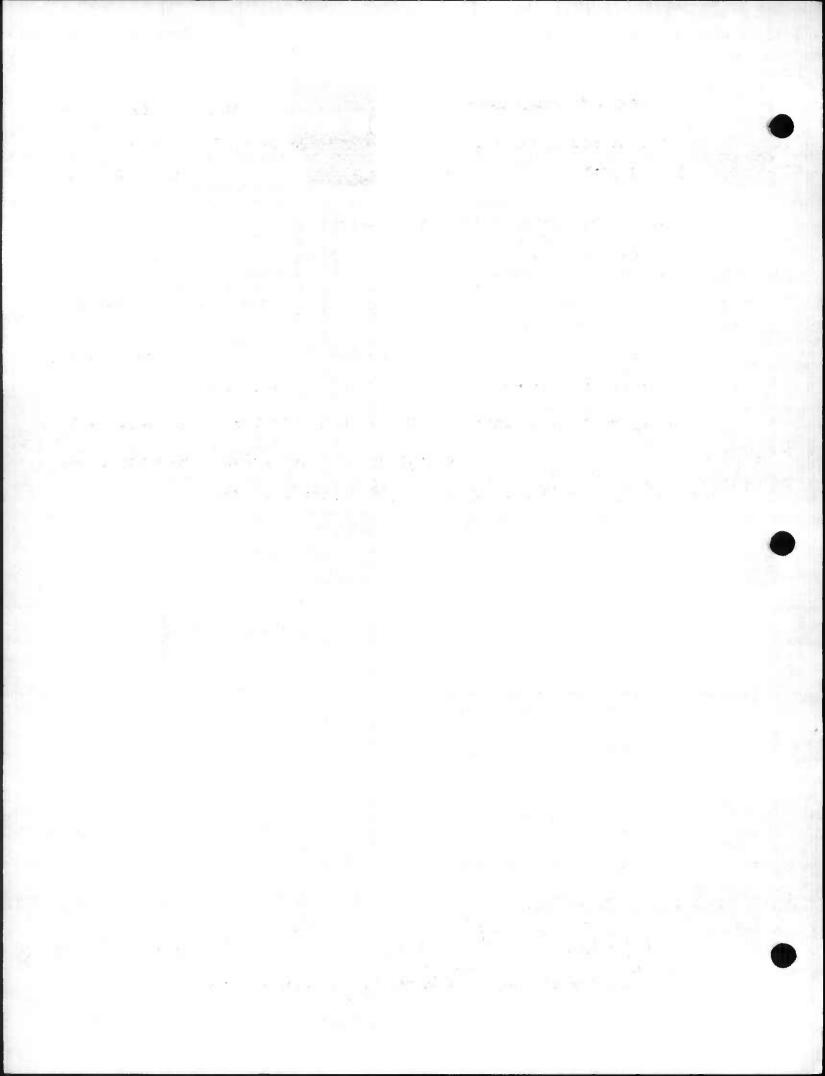
Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month FLORENCE ELIZABETH HAGAN FEBRUARY 2, 1998 1820 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Sacred Heart Hospital Cumberland Allegheny 5. Social Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) **Funerai** 1□M 2□xF Deys 577-16-5996 Yrs Director 90 1/26/1908 Virginia Usual Residence of Decedent permit. Pages 1 and 2 should be filled within 72 hours after death with the Meryland Department of Health and Mentel Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28e-f show any injury or other traumatic event, in Medical Exercises. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 20 No Director Hampshire Three Churches 10e. Street and Number 10f. Zio Code 10g. Citizen of What Country? HC-64 Box 2270 26765 USA Funeral 12. Was Decedent Ever In U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece · American Indien, Black, White, etc. 11. Marltal Stetus 1 Yes 2 No If Yes, Give Yeer or Dates: 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: þ Specify: White 3. Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Domestic Housekeeping 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Stine Walter B. Grace V. Akle 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Nancy Neal (Daughter) 64 Box 2270 Three Churches, WV 26765 20b. Placa of Disposition (Name of cemetery, cremetory or other piace) 20a. Method of Disposition 20c. Location - City or Town, State Date NOBurial 2 ☐ Cremation 3 ☐ Removel from Stete 68 Fort Lincoln Cemetery 4 ☐ Donation 5 ☐ Other (Specify) Brentwood, Md. 22. Name end Address of Fecility 21. Signature-of Funeral Service Licensee McKee Funeral Home P.O. Box 270 Augusta, WV ames 23a. Part1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner Examiner requires that the death certificate be executed the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last and physician Physician/Medical e to (or as a consequence of) USB as ettending 0 ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detech 1 ☐ Yes 200 No 3 Probably 4 Unknown Records, þ 24b. Were autopsy findings svallable prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 has 2/2 No 1 ☐ Yes 2 ☐ No this certificate Division of Vital director, 25. Was case referred to medical Be 26. Placa of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DQA s efter death.

I Director: After this od in by the funeral di 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? 5 Pending investigation 100 Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide ò To the Hospital o within 24 hours eff To the Funeral Di completely filled Ir 29e, Certifie Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as stated.

2D Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end piece, and due to the cause(s) Medical (Check only one) 29b. Signature and title of Certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end address of person who completed cause ath (Item 23a) (Type, Print) JOHN MEHANNA, M.D. nu SETON DRIVE CUMBERLAND, MD. 21502 31. Dete filed (Month, Dey, Year) 32 Registrar's Signature State FEB 06

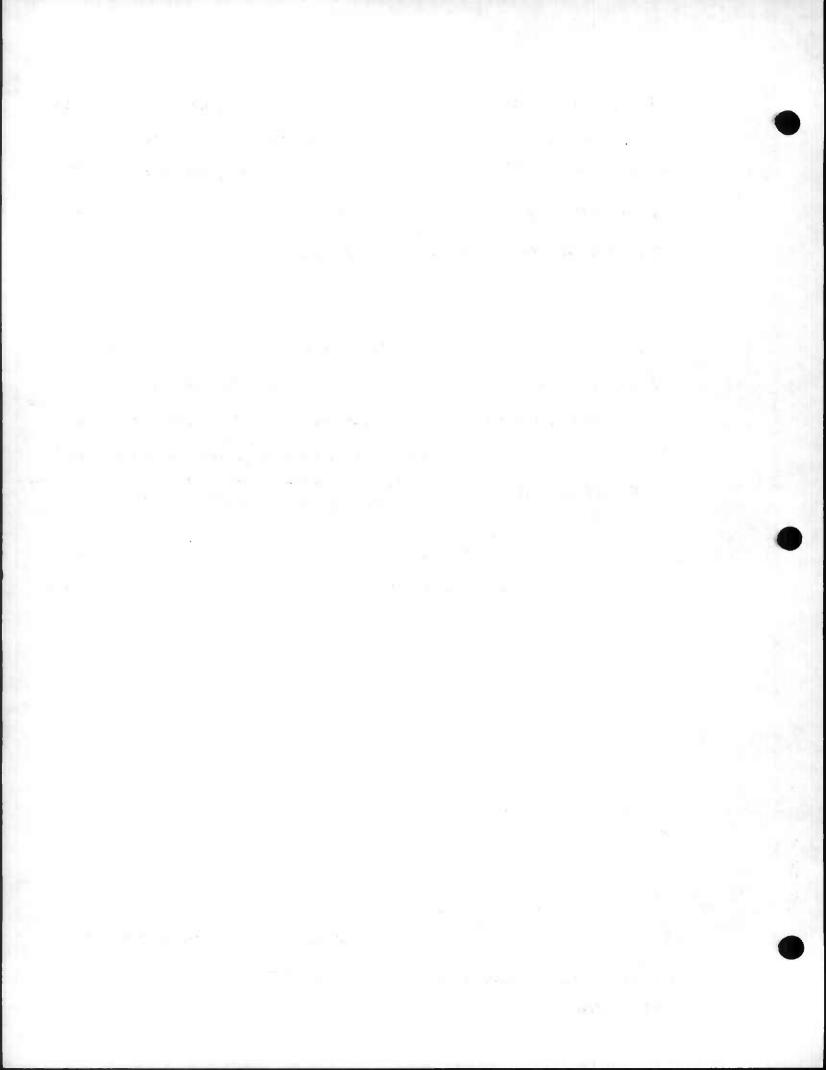
DHMH 16 Rev 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 0 2 3

						Certific	cate o	f Death		Reg. No.	0 0	000	
	m Bull		1. Dacedant's Name (First, Middla, La	st)					2. Data of D	aath		3. Tlm	a of Death
	Physic		Dorothy	HaLL					Month Februa	ary 8,	Yaar 1998	11:	25 AM
	/Medi Examii		4a. Facility Nama (If not institution, giv.					4b. City, Town, or			unty of Death	_	23 1111
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	and *		10a. Stata 10b. County		10c. City, Tov	n or Location	1					10d. Insid	a City Limits
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1	Emma G	. Hoff										98	TEAN	1350 M
		4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In)	yrs. last birthday)	IF UNDER t		IF UNDER 2		7. DATE OF (Month, D	BIRTH			PLACE (State or Foreign
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physician. bunal-transit permit. Pages 1,	FUNERAL	11. MARITAL STATUS	Albaroa.	12. WAS DECEDEN FORCES? 1	T EVER IN U	S. ARMED	13. W	AS DEC	ENDENT OF	HISPAN	IC ORIGIN? (S	Specify Yes	or No-	14. RACE Black	— American Indian, , White, atc.
g ph	BY	1 Never Married 2 1 I		IF YES, GIVE V			1	YES	2 XNO	Specify	n, Puarto Rica	ri, atto.j		Specif	
r attending use as the							1						1		White
use use	COMPLETED		DENT'S EDUC highest grade		16	Give kind of a life. Do NOT us	work done du	ring mo	ON ost of working		16b. Kil	ND OF BUS	INESS/IND	DUSTRY	
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											ME (First, Midd				
	띪	Robert M. I		ach							ta (0				
5 should notified	임	194. INFORMANT'S NAME (Ty)		11 1							Route Number,				
y be		Clarence J.		Ibach						ve N	orth l	v -			SC 29598
leath. Page 6 may be funeral director, page xaminer must be		20a. METHOD OF DISPOSITION 1 X Burlel 2 □ Cremation	3 🗆 Ramo	oval from State		ACE AND DATE					DATE	20c. LO	CATION —	City or Tov	wn, State
Page 6 Il direct		4 Donation 5 Other (St	Mary Mary					12/9	Cun	berl	and	MD
death. Pag tuneral di L examiner		21. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE		./			ND ADDRESS		neral	Homo	D	٨	
death. tunera J.		1/ane	1 7	ACC	UD	110					D 215		, L.	A.	
ours after of in by the or removal.		23. PART I. Enter the dis	seases, or c	omplications tha	t caused th	he death. Do r	not enter t	he mo	de of dyin	g, such	se cerdiso	or respi	ratory arr	nat.	Approximats
		snock, or ne	art fallura.	List only Dna cau	se on aacl	h lina.				1620					Interval Between Onset and Death
y filled ation, or the m		IMMEDIATE CAUSE (Fine disease or condition	BI.	Asn	1 -	50.0	R.		1040	· .					2 · · ·
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8 " o F	CERTIFICATION	Sequantisity list condition if any, leading to immed		DUE TO	(OR AS A CO	ONSEQUENCE O	F):			-					
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ertificating phygiene p	Ĕ	CAUSE (Disesse Dr Injur that initiated aventa	y)	DUE TO	(OR AS A CO	ONSEQUENCE O	F):								
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를 하는 별	8	Sepsis	C	1-1-5	selve	ne C	Rom	200	tia.		1	YES 2			COMPLETION OF CAUSE OF DEATH?
2 0 I >	ME)										1		1 YES 2 NO
has been Dept. of 23 sho		DID TOBACC	O USE	CONTRIBUT	E TO	CAUSE O	F DEAT	Ή '	YES 🖂	NC	N C				
	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?							ACE OF DEA						
SICIAN: The certificate he state [1, or item	SIC	1 TYES 2 NO		HOSPITAL:	ER/Outpatio	ent 3 🗆 DOA	OTHER:	ng Hom	ne 5 🗆 Rael	idencs	6 Other (S	pecify)			
ATTENDING PHYSICIAN: ECTOR: After this certifical s after death with the Siz 1 28 is marked, or it	둦	27. MANNER OF DEATH		28a. DATE OF (Month, D	INJURY	28b. TIM	E OF 2		URY AT		28d. DESCR	BE HOW IN	JURY OCC	CURED	
NG PHYS fler this c eath with marked	ВУБ		ending rvestigation	(MOM, 2	ay, reary	liv.	M		YES 2	NO					
DING Party death		2 Cutatta	Could not be	26a. PLACE O	F INJURY — afc. (Specify)	At home, ferm,	street, factor	y, offic	•		26f. LOCATIO	ON (Street a	nd Number	or Rural R	oute Number,
CTOR: after 28 i	TED		atermined	country,	asc. (Specify)						City or i	own, State)			
DIRI Your	COMPLET	290. CERTIFIER 1 N CERTI	EVING PHYSIC	CIAN: To the best of	my knowleds	no do eth nonum	ed at the time	4.00			ou e olu				
対域な=	MP														and manner as stated.
HOSPITAL OR FUNERAL DIRI within 72 hour TANT: If Item	8											r piaca, and	7 000 10 (11	e canse(s)	and marmer as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	B	29b. SIGNATURE AND TITLE	OF CERTIFIER	_					29c, LICEN	SE NUM	BER	.	29d. DATI	E SIGNED	(Month, Day, Year)
2 2 3 X	10	V. M. Kan	MIL	an					DI	16.	20		- J	er 6	1998
5	-	30. NAME AND ADDRESS OF)
mes		V. A. Ranji	than	517 Old			mberl	and	MD 2	150	2				
, 20		31. DATE FILED (Month, Day, N	1998	62 REGISTRA	R'S SIGNATI	THE CONTRACTOR									
		LEDO	1330	0											

State of Maryland / Department of Health and Mental Hygiene 98 0502

						Ce	rtificat	e of	Death			Reg. N	lo.		00	_ 0
			1. Decedant's Nama (First, Middle, La	st)							2. Deta of D	eath		W.U.	3. Tima	a of Death
	Physic /Medi		JOSEPH	BENJAMIN	HESS,	SR.					FEB Month	2	^{еу} 1	.998	12:0	5 P.M.
	Exami		4a. Facility Nema (If not institution, giv 101 OAK S		er)				4b. City, Too FROST		ocation of Dee	th 4		of Deeth		
	Funeral Director		5. Social Sacurity Number 6. S 213 22 3512 Usual Rasidance of Decadant		Age (In yrs. II 68	ast birthday) Yrs.	If Under Months	1 Yeer Days	If Under: Hours	Min.	8. Deta of B (Month, D APRIL	irth lay, Yea 9 19	29	9. Birthp Cour MARYI	placa (Star htry) LAND	te o <i>r Foreig</i> n
	Maryland f ahow	tor	10a. State 10b. County MARYLAND ALLEGAN	v		Town or Lo								1	**	a City Limits
	1 the	Director	10e. Street and Number	<u>*</u>	TIO	OSIDOI	10f. Zip	Coda		_		10g. C	itizen of	What Cour	ntry?	
	h with		101 OAK STREET					21	532				U.	S.		
maryiana zizio-0020	J within 72 hours efter deeth with the Manyland jiene. r than "natural", or flams 23a or 28s-f ahow the Moulcal Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	If Vas Giva	nt Evar In U,5 ls? □ No 6 / 28 ls: 5 / 6 / 4	3/46	Was Dece If Yas, spe 1 ☐ Yas	city Cub	an, Maxican	gin? (Sp i, Puerto	ecify Yas or N Rican, etc.)	0-		ce - Amaric ck, White, fy: Wh		,
	72 ho	ted	15. Decedant's Ed			16a. Dece	dant's Usu	al Occu	oation during most	4 -4		16b.	Kind of E	Businass/In	dustry	
1	ithin 19.	Completed	(Specify only highast gra Eiamantary/Secondary (0-12)	Collega (1-4	or 5+)	IIfe.	DO NOT u	sa <i>retire</i>	d)	OF WORK	ing					
1	THE REAL PROPERTY.	S	9			MACH	HINIS	Γ							GFIEL	D TIRI
2	日本春日	Be	17. Fathar's Nama (First, Middla, Last, GEORGE T. HES								a (First, Middle WILLI		n <i>Sum</i> ai	me)		
,	d 2 should be f th and Mental f 7 Is marked of traumatic ave	2	19a. Informant's Name/Ralationship (_		10b Maille	na Address	(Stran			el Routa Numi		or Tour	State 7in	n Codel	
	end 2 saulth ar n 27 is			1900, 111111										, Stata, Ziji	, 0000)	
נים	- 4 5 5		MARY HESS / WIFE 20a. Mathod of Disposition		20b. Pl	aca of Dispo	sition (Ne	ma of		OSTR	URG, MI			- City or To	own, State	N .
2	Page ento nt: If		1 ☐XBurial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		ltal	matary, crea			ERY 2	15/19	8	FRO	STBU	RG, M	4D 21	532
Danimore	permit. Pages Department of H Important: If Its any injury or of		21. Signature of Funaral Saprice Vicer	ison /		22	2. Nama ar	nd Addre	ess of Fecility	У						
			21. Signature of Funaral Saprice (icense) 22. Nama and Address of Fecility SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23a. Pertl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,													
	Physician /Medical		shock, or heart feilura. List only Immediata Causa (Final	ona ceusa on aacl	h lina.									1	Approxim Interval I Onsat ar	Between
	Examiner		diseasa or condition rasulting in daath)	a. Metas		All and the second	1015,000		rıma:	ry	Unknov	vn			2 0	ices
		ē		Dua to (or	es a consec	quanca or):										
5	axecuted an and irial-transi	Sequantially list conditions, if eny, leading to immadiate causa. Entar Undarlying														
, 00100 A	eath certificeta be axecuted attending physician and for use as the burial-transit	Medical	thet Initiated evants resulting in death) Last	thet Initiated evants												
	death ce e attend ed for us			0.										-		
	0 0 0	Physician	Part II. Other significant conditions of	ontributing to death	but not rasu	iting In tha u	inderlying o	ausa gi	van in Part I.		23b. Dic	tobaco	0 use 00	ontribute to	o the caus	e of death?
5	requires that the de seen signed by the a hould be datached t	by Ph									1	b. Did tobacco use contribute to the cause of de			Unknow	
3	2 S S	Completed									24a. We	s an aut ormed?	opsy	av	are eutops raileble pri emplation of daath?	sy findings or fo of causa
	Page ate	Con									1□	Yas	SPINO	1[☐Yas 2	!□ No
	Physician: The this certificate ral director, part	Be	25. Was casa rafarred to medical axaminer?	Manadal.				l au		of Daat	h (Check only	ona)				
;	th is is	7	1 Yas 2 No	Hospital: 1 ☐ Inpi		R/Outpatier		JA			ma 5 Aas				b)	
	De je	Certification:	27. Mannar of Death 1 Natural 5 Panding 2 Accidant Invastigation 3 Suicida 6 Could not be detarmined attarmined						No	28d. Dascribe						
	To the Hospital or Attandi within 24 hours effer deeth. To the Funeral Director: A completaly filled in by the fu		4 Homicida datamined	building,	atc. (Specify))					28f. Location City or To	wn, Ste	te)			urnber,
	n 24 hor n 24 hor ne Fune pletaly fi	edical	29a. Cartifier (Check only one) 2 Medical Exam	ysician: To tha be niner: On the basis and mannar	of axamination	rledga, daati on and/or in	h occurred vastigetion	at the ti	me, deta and opinion, deat	d place, th occurr	and dua to the red at tha tima	a cause(, data e	s) and m	ennar as s and due to	tated. o the caus	a(s)
	withi To the	M	29b. Signatura and fitte of certifiar	^	(290	c. Licans	se number			29d. D	ate signa	ad (Month,	Day, Year)
	5		De Chique	non a	2gre	وب	De la)-13	166	,		1	5/98	3	
	nus		30. Nema and address of person who or Dr. Angel H. Ro					e, F	rost	bur	g, Md	2	L532			
	Sta	ite	31. Data Feet (Horth, Ov. 1998		strar's Signatu			•			J					

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		Decedent's Na	ame (First, Middle,	Last)		Cel	uncat	e or	Death	2. Date of			3. Time of Death
Physic /Med			.yn Jean I							Feb"		Yeer	4:00 a.m
Exam	iner		e (If not institution, g ranklin S		n <i>ber)</i>				4b. City, Town, Cumber 1	or Location of De and	ath 4c. Count	y of Deeth gany	
Funera Directo	_	5. Sociel Security 217–28-		. Sex 1□ M 2 F	7. Age (In yr 65	s. last birthday) Yrs.	If Under Months	1 Year Deys		n. 8. Dete of land. Feb.	Birth Pay, Years 33	9. Birthpl	lece (Stete or Foreig (ry)
		Usual Residence											
ia-f show	ctor	MD MD	Allegar	ny	10c. 0	Cumber						10	0d. Inside City Limits 1 Yes 2 No
23a or 28 at be no	ai Director	10e. Street end N 412 Fra	_{Number} anklin St	reet			10f. Zip	2150	2		10g. Citizen of		try?
atal Hygiene. Id other than "naturel", or flems 23s or 28s-f show event, the Medical Examinet must be notified at	by Funeral		s arried 2 Married d 4 Divorced	12. Wes Dece Armed Fo 1 Yes If Yes, Giv Yeer or Di	rces? 2 No /e		Wes Deced f Yes, spec	37	Hispanic Origin? Den, Mexican, Pu Specify:	(Specify Yes or erto Rican, etc.)	No- 14. Ra Bie Speci	ce - America eck, White, e	
ane. than "natur he Medical	Completed		15. Decedent's pecify only highest acondary (0-12)	Education grade completed) College (1	-4or 5+)	16a. Deced (Give life. L Homema		ei Occu rk done se retire	pation during most of w ed)	vorking	16b. Kind of E		dustry
marked other than marked other than imatic event, the M	To Be Co		ne (First, Middle, La n Steward							leme (First, Midd	lle, Maiden Suma	Contract	
9 6 9	-		Neme/Relationship . Helmste		band						nber, City or Town		Code)
			Disposition 2 Cremetion 3 n 5 Other (Spe		04.4-	Place of Dispo cemetery, cren Peter	natory or o	ther pla	netery	Dete 02/12	20c. Location		
Department of important: If it any injury or o once.		21. Signeture of	Funeral Service Lic	ensee d	nol	A . 22	Scar Cumb	per erl	Ti Funer and MD 2	al Home 21502	, P.A.		
ysician		23e. Pert1 Ente shock, or h	r the diseese, or co eart failure. List or	emplications that cally one cause on a	aused the de ach line.	eth. Do not ente	er the mod	le of dy	ing, such es card	lac or respiretory	errest,		Approximete Intervei Between Onset end Deeth
Medical caminer		Immediete Ceus diseese or condi resulting in death	tion		Dyeto	(or es e conseq	Uence of):	Jh,	0	Jun	\		20cg
end I-transit	Examiner	Sequentially list	conditions,	• b 8	LDue to	or as a conseq	genoe of):	5	0 ,	and	1		may
g physician end as the buriel-transit	edicai	Sequentially list if eny, leeding to cause. Enter Un Cause (Disease that initieted everesulting in death	nts	с	Due to	(or es e consequ	uence of):	f	lu-)			10 TO.
e attending p	Physician/M	Pert II. Other alg	nificant conditions	d.	eath but not re	esulting in the ur	nderlying c	eause oi	iven in Pert I	23h D	ld tobacco use c	ontribute to	the cause of death
igned by the s be detached	by Phys										□ Y•• 💝 No	3 □ Prob	
s been s 2 should	Completed										as en eutopsy rformed?	COL	ere eutopsy findings aileble prior to mpletion of cause death?
pa	Com									10	Yes No	10	Yes 2 No
is certificate director, pay	Be (25. Wes case ref	erred to medical							eeth (Check on	y one)		
this ceral dire	2	1□ Yes	-	Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home				Home Re	sidence 6 🗆 Ot	her (Specify	1)		
deeth. stor: After ti y the funera	ation:	27. Menner of Death Nature 5 Pending investigation 2 Accident 5 Could not be a constant Could not be a con					28c. Inju Wo 1 [ork?]Yes 2 ☐ No	28d. Descrit	e how injury occu	rred		
P C	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	200. PIECE	of Injury - At ng, etc. (Spec	home, farm, stre hify)	eet, factory	y, office			n (Street and Num Fown, State)	ber or Rura	l Route Number,
ithin 24 hours of the Funeral DI empletely filled in	edical	29a. Certilier (Check only one)	CertifyIng Medical Ex	Physician: To the aminer: On the be end menn	best of my kr esis of exemir ner stated.	nowledge, deeth netion end/or inv	occurred restigetion	et the ti	ime, dete end ple opinion, deeth oc	ce, end due to the curred et the tim	ne ceuse(s) end m e, date and place	nenner as st , and due to	ated. the ceuse(s)
T C E	Σ	200 Signature at	ditte of certifier				200	Licen	se number		29d, Dase sign	ed /Month I	Day, Yeari

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)
Dr. W. Guy Fiscus 500 Memorial Avenue

Cumberland MD 21502

D 12779

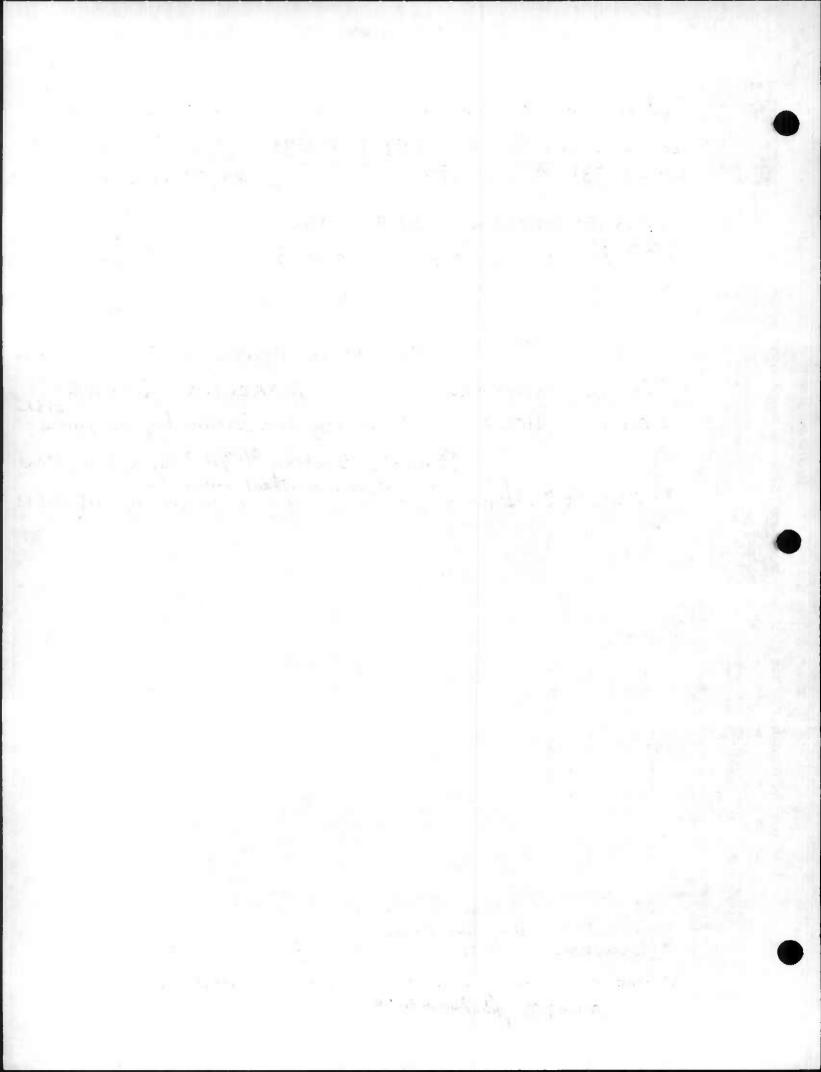
State Registrar



State of Maryland / Department of Health and Mental Hygiene O

					ate of Death		Reg. No.	03021
Physician /Medical Examiner		1. Decedent's Neme (First, Middle, Las	Richar	ed J	TOhNS 4b. City, Town, or	2. Dete of De Month Location of Deet	Dey 3	yeer 3. Time of D
Funeral Director	5 10	DORCHESTER 5. Social Security Number 6. Se	General	HOSP If Un Mont	Hal Camp der 1 Year If Under 24 Hrs	8. Dete of Bir (Month, De	e Do	9. Birthplece (State or Country) PENNSYL
Maryland f show nd st		10e. Stete 10b. County		ity, Town or Location	12 ' d c =	J		10d. Inside City
should be tiled within 72 hours effer death with the Maryland And Mental Hygiene. The Maryland is the market of them 23a or 28a-f show merked other than "natural", or items 23a or 28a-f show merked other than "natural", or items 23a or 28a-f show merked other than "natural", or items 21a To Be Completed by Funeral Director		Maryland Dorc 10e. Street end Number 739 Pine 11. Mantel Stetus	S+Ree 12. Was Decedent Ever in It	<i>T</i>	Zip Code U Zip Code U Z/6/3 perdent of Hispanic Origin? (S	pocify Voc or Ne	10g. Citizen of V	Whet Country?
al', or iten		1 Native States 1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	If Yes, s	cedent of Hispenic Origin? (S specify Cuben, Mexicen, Puerl s 2 No Specify:	to Ricen, etc.)	Specify	ck, White, etc.
Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural; any Injury or other traumetic event, the Medical Exagnes. To Be Completed by		15. Decadent's Edit (Specify only highest gred	ucation de com <i>pleted)</i> College (1-4or 5+)	16e. Decedent's U (Give kind of iife. DO NO:	Isuei Occupetion work done during most of wor Tuse retired)	rking I Per		usiness/Industry
Mental Hygiene, arked other than adic event, treat To Be Comp	,	17. Fether's Neme (First, Middle, Last)	FREENE	BUNIT	18. Mother's Ner	ne (First, Middle	Meiden Sumer	Public Wo
Health wental health with the traumetic even there traumetic even the		19e. Informent's Neme/Reletionship (T)		19b. Mailing Addr	ess (Street end Number or Ru	ral Route Numb	er, City or Town,	State, Zip Code) 21
nt: If item iry or othe	2	20a. Method of Disposition 1 A Burial 2 Cremetion 3 4 Donetion 5 Other (Specify)	Removel from State	Plece of Disposition (/cemetery, cremetory)	Name of prother place)	Date 2/09/98	20c. Location -	City or Town, Stete
Department Important: Fay any Injury o once.		21. Signeture of Funerel Service Licens 22. Signeture of Funerel Service Licens 23. Pent. Enter the disease, or companion, or heert feilure. List only of	-1	22. Name	and Address of Facility VRY FUNERO Washington	al Hon St. Ca	TRapp ne PA Mbrio	
hysician /Medical	1	Immediate Cause (Final	ne ceuse on each line.	th. Do not enter the ri	node of dying, su bh es cardiac	or respiretory e	rrest,	Approximate intervel Betwee Onset end De
xaminer គ	1	disease or condition resulting in deeth)	e. CVA Due to (or es e consequence	of):			CWE
een signed by the attending physician and hould be deteched for use as the burlet-trensit sted by Physician/Medical Examiner	1	Sequentially list conditions, if eny, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury that initiated events resulting In deeth) Lest	С	or es e consequence o				2 WK
ed by the attendideteched for use	F	Pert II. Other significent conditions con	ntributing to death but not res	suiting in the underlyin	g ceuse given in Pert I.	23b. Did	tobacco uee cor	ntributs to the cause of
signed by d be detected by Ph	1							3D Probably 4 Ur
has b	-					24e. Wes	en eutopsy rmed?	24b. Were eutopsy find eveileble prior to completion of cau of deeth?
s certificate director, pag To Be Co		5. Was case referred to medical			26. Place of Dee	oth (Check only o	Yes 24 No	1 ☐ Yes 2 ☐ No
After this funeral di	2	exeminer? 1	dospitel: 1. Impatient 2 28e. Date of Injury (Month, Dey Year)	28b. Time of Injury M	DOA Other: 4 Nursing H	ome 5 Residence 128d. Describe 1	dence 6 Other	
death stor: A y the f		3 ☐ Sulcide 6 ☐ Could not be determined	28e. Placa of Injury - At h building, etc. (Specia	ome, ferm, street, fect (y)	ory, offica	28f. Location (3 City or Tox	Street end Numb vn, Stete)	er or Rural Route Numbe
s efter al Direc ad in by								
24 hours efter Funeral Direc etely filled in by dical Certifi	2	29a, Certifier 150 Certifying Phys	ner: On the besis of examine	wiedge, deeth occurre ition end/or investigati	ed et the time, dete end plece on, In my opinion, death occur	, end due to the rred et the time,	ceuse(s) end me date end plece, e	enner as steted. end due to the ceuse(s)
within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral Medical Certification:		29a. Certifier 1 Certifying Physic (Check only 2 Medical Exam)	alclen: To the best of my knoner: On the bests of examine end manner stated. Office of the best of my knoner: On the best of examine end manner stated.	etion end/or Investigati	ed et the time, dete end plece on, in my opinion, death occur 29c. License number	rred et the time,	date end plece, e	onner as steted. end due to the ceuse(s) d (Month, Day, Year)

William Johns



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Idred Marie 3:15AM SON February UZ 1998 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Cambridge Dorchester GeneRal Ral Hosp; tal

7. Age (In yrs. lest birthday) | Il Under 1 Year Dorchester If Under 24 Hrs. a Date of Birth Hours Min. Month, Dey, 5. Social Security Number 6. Sex Birthplece (State or Foreign Country) 1 □ M 200 F Months Deys 9-42-81 Aug. 27,1945 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Cambridge 10 Yes 2 No Maryland Dorchester 10e. Street end Number 10g. Citizen of Whet Country? Street 6/ Per USA Was Decedent of HIspanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 12. Wes Decedent Ever In U.S. Armed Forces? 11. Merital Status 1 Yes 2 No If Yes, Give Yeer or Detes: 1 Never Married 2 Married 1□ Yes 2DNo Black Specify: 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) 12 INSURGNCE 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) NORRIS Wildred 19e. Informent's Name/Relationship (Type, Print (husband) Wesley Cambridge PER Street MD, 2/6/3 JOHNSON 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20e. Method of Disposition Dete 2/06/98 Cambridge 1 1 Burial 2 □ Cremetion 3 Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licansee 22. Name end Address of Fecility FUNERAL nter the disease, or complications that caused the thath. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete intervel Between Onset end Deeth oflying with diffuse metastases Immediate Ceuse (Finel disease or condition resulting in death) Dacco abuse Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting In deeth) Last Due to (or es e consequence of): Due to (or as e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?

Physiclan /Medical Examiner

permit. Page Depertment of Important: If any injury or

Physician

/Medical

Examiner

Funeral

Director

show

ral', or Itams 23a or 28a-f shore

Pages 1 and 2 should be filed within 72 hours effer a neat of Health and Mental Hygiene. Int I flam 27 is marked other than "natural", or ital mry or other traumatic evant, the Modical Experientry or other traumatic evant, the Modical Experientry.

Baltimore, Maryland 21215-0020

Director

Funeral

Completed by

Be

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the Maryland

death

Examiner Physician/Medical the ρ director, page 2 should Completed Be To the Hospital or mirror within 24 hours effer death.

To the Funaral Director: After this c Medical Certification: To

The law requires that the death certificete be executed

or Attending Physician:

Division of Vital Records, P.O. Box 68760.

						1/20700	2□ No	3 Probably	4 Unknow
						24e. Wes en e performed		24b. Were eur eveilable completie of deeth?	prior to on of cause
						1 ☐ Yes	2.10 No	1 🗆 Yes	No
25. Wes case referre examiner?	ed to medical				26. Plece of De	eath (Check only one)			
1 ☐ Yes 2月	lo	Hospital: 2 Inpatient 2	ER/Outpatient	3 DC	OA Other: 4 Nursing	Home 5 Residence	8 Oth	ner (Specify)	
27. Menner of Deeth Ratural Accident	5 Pending	28e. Dete of Injury (Month, Day Year)	28b. Time of Injury	M 2	8c. Injury et Work? 1 Yes 2 No	28d. Describe how i	njury occur	red	
3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined			t, fectory	r, office	28f. Location (Stree City or Town, S		ber or Rurel Rout	e Number,

29a. Certifie (Check only Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner stated.

29b. Signalare end title of certifier CLU

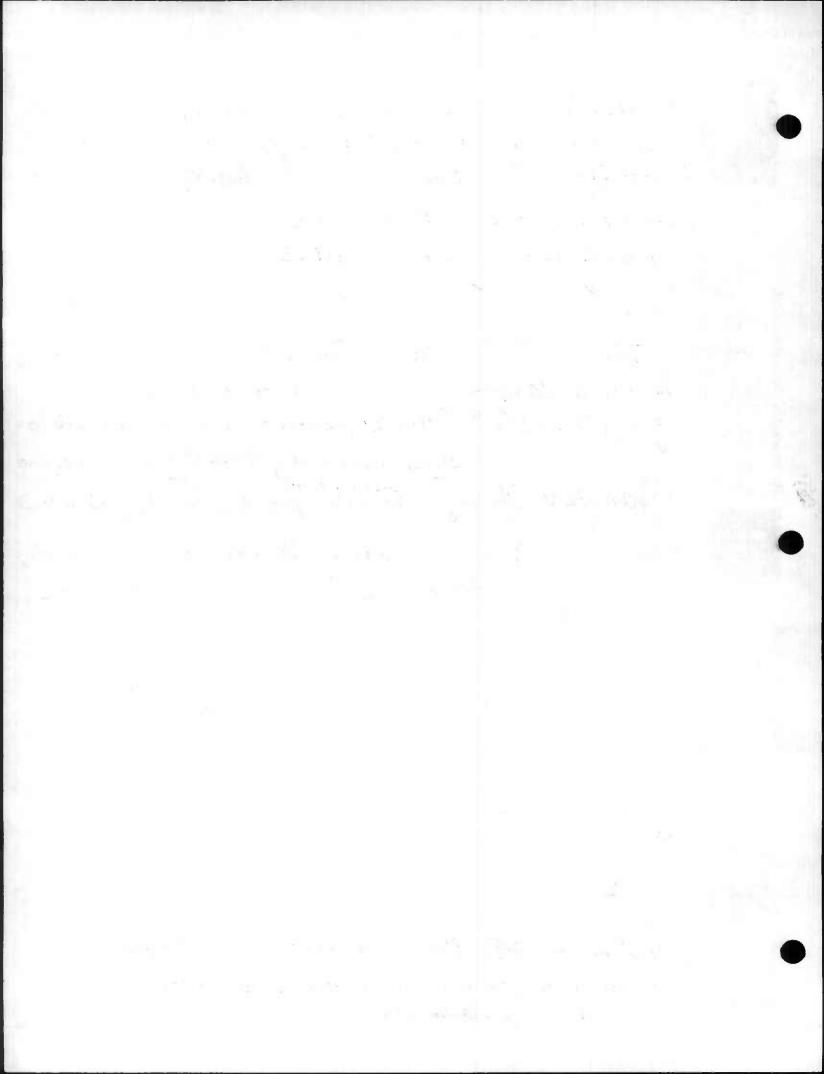
FEB 0 3 1998

29c. License number 29d. Date signed (Month, Dey, Year)

hysician 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print)

Cene Newmier, 503 Byrn Street, Cambridge, Maryland 21613 31. Dete filed (Month, Day, Yeer)

State Registrar Vi Devoler Ranfall



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** RAYMOND ISAAC KIMBLE 10:45 pm Jan. 15, 1998 /Medical 4a. Facility Nama (If not Institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Garrett Garrett Memorial Hospital Oakland
If Undar 24 Hrs. If Undar 1 Yaar Birthplece (Stete or Foraign Country) 5. Social Security Number 7. Age (In yrs. lest birthdey) **Funeral** Deys 1 M 2 □ F Hours Yrs. Director 87 235-54-8312 Oct. 11, 1910 W VA Usuel Residence of Decedent with the Marylend 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "nature!", or items 23a or 28a-f show traumatic event, it a Marical Examinar nust be notified at 1 ☐ Yas 2 No Director W VA Pendleton Upper Tract 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Rt 1 Box 27 26866 2 should be filed within 72 hours efter death or end Mental Hygiena. Is marked other than "naturel", or items 23: Funeral USA Race - American Indien, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status 1 ☐ Yes 2€No If Yes, Give Yaer or Detes: 1 Never Merried 250 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: white b 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Farmer Farming 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Wilbur Kimble 2 Mary Alt Kimble 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 sh Depertment of Health end Important: If Item 27 Ia m eny Injury or other traun once. Minnie Alt Kimble Box 27 Upper Tract, W VA Rt. 1 26866 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stata Dete 1 Burial 2 ☐ Cramation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Wilson Chapel Cemetery 1/18/1998 Upper Tract, W VA 21. Signeture of Funerei Sarvice Licensee 22. Nama and Address of Fecility Kimble Funeral Home 26a. Part / Enter the disease, of complications that caused to shock, or beart failure. List only one cause on each line Franklin, West Virginia 26807 Approximeta tntervei Between Onset end Deeth nplications thet caused the deeth. Do not antar the mode of dying, such es cardiec or raspiretory arrest **Physician** /Medical Immediate Celuse (Final disease or condition resulting in deeth) 5 days Septic Shock Examiner Due to (or es e consequenca of): Examiner 5 days Right lung pneumonia signed by the attending physician and if be dateched for use as the burial-transit certificate be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Disaesa or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or es a consequence of) P.0. Pert il. Other stgniflcant conditions contributing to death but not rasulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably WUnknown dementia, prostate cancer Division of Vital Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? has 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitel: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 Inpatient 2 ER/Outpetient 3 DOA this funeral 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Aftar 1 Neturei 2 ☐ Accident 5 Pending s aftar daeth. I Director: Aft investigation 1 ☐ Yes 2 ☐ No by the f 8 Could not be determined 28f. Location (Streat end Number or Rural Routa Numbar, City or Town, Stete) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 ☐ Homicide Hospital 24 hours a 24 hours Certifying Physician: To tha best of my knowledge, daeth occurred et tha tima, data and place, and due to the ceuse(s) and menner as stated.

Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end placa, end due to the cause(s) end menner stated. edical 29a. Certifier (Check only To the vithin 2 29c. Licensa number 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 1/16/98 ree D26650 30. Name and address of paysor who completed cause of deeth (Item 23e) (Type, Print)

State Registrar Margaret

31. Dete filed (Month, Dey, Year)

Α.

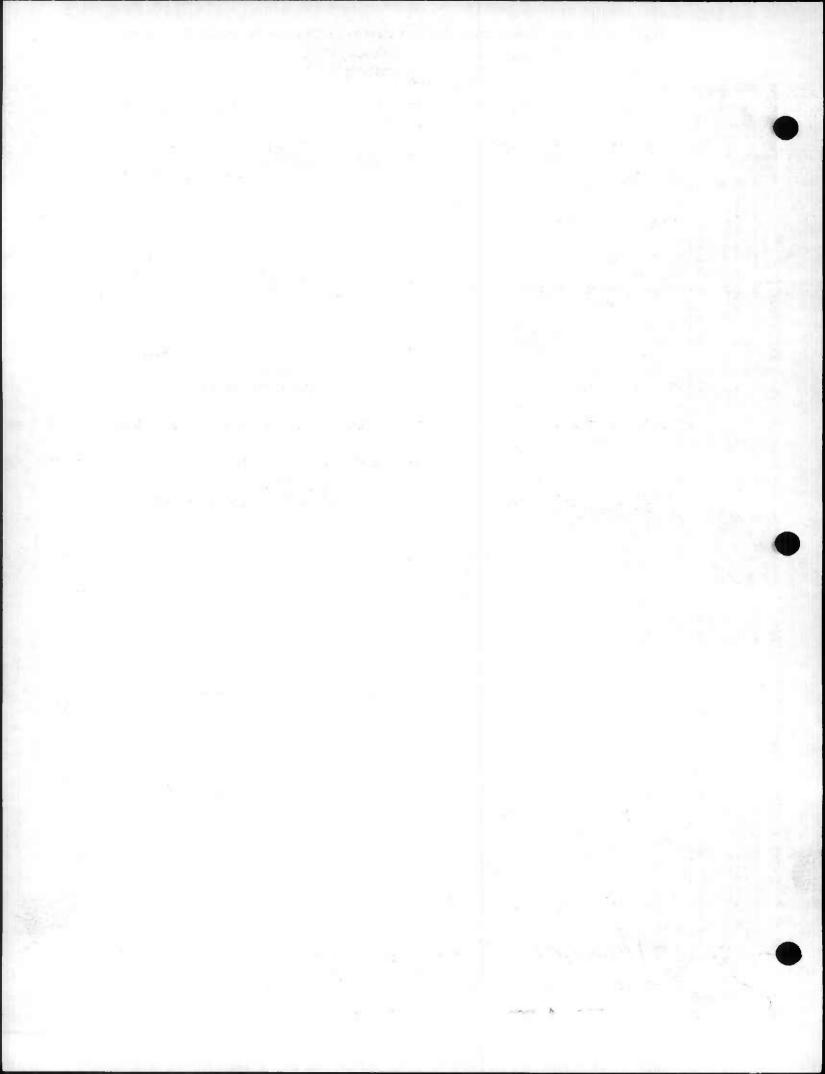
M.D.

PO Box 486

32. Registrer's Signeture

Oakland, MD 21550

Kaiser,



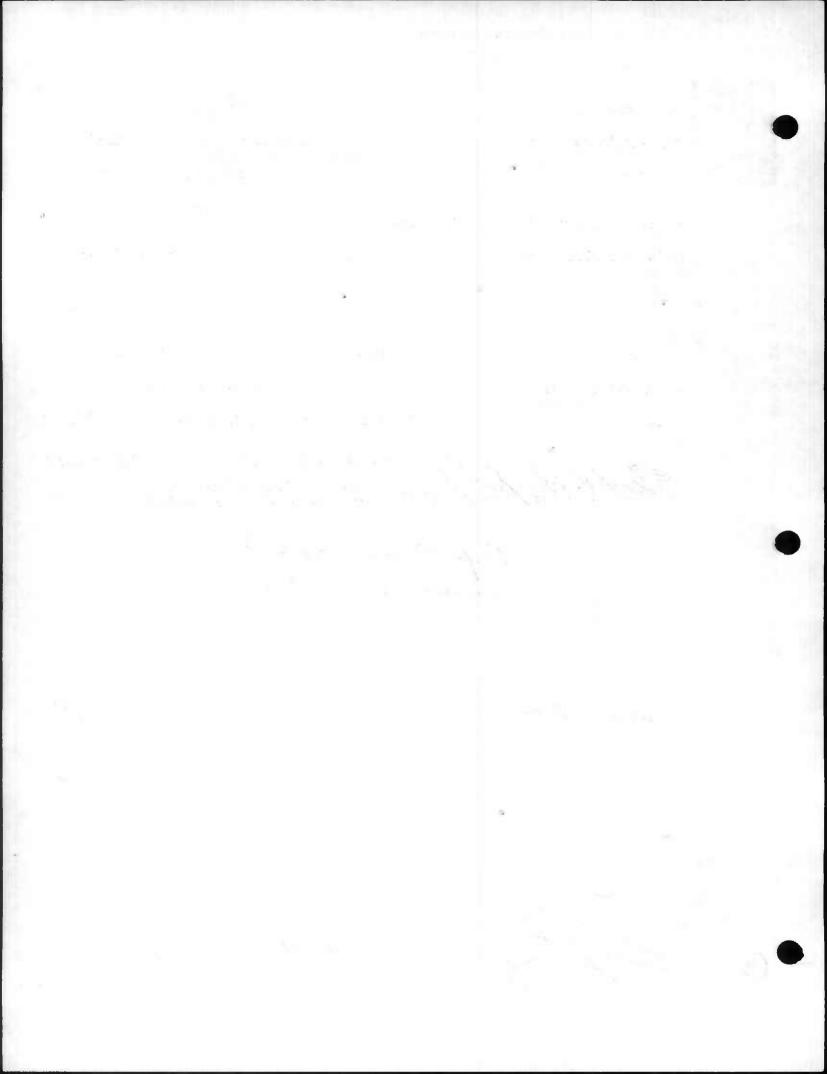
State of Maryland / Department of Health and Mental Hygiene (

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3 Time of Death Month February **Physiclan** 1998 11:10 AM Florentyna Kendra /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** St. Mary's Hospital Leonardtown St. Mary's If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex if Under 1 Year 7. Age (In vrs. last birthday) Birthplece (Steta or Foreign Country) **Funeral** 1 M 2 F Months Deys Yrs Director 036-07-9358 93 APril 18, 1904 Poland Usual Residence of Decedent the Meryland 10a. Stata 10b. County 10c. City. Town or Location 10d. Insida City Limits show 28a-f sh notified 1 ☐ Yas 2 ■ No Director Maryland St. Mary's Hollywood 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ms 23a or with 43524 Drum Cliffs Road 20636 United States Funeral filed within 72 hours after deeth 12. Was Decedent Ever in U,S. Armed Forcas?

1 ☐ Yes 2 ■ No If Yes, Give Yeer or Dates: r then "netural", or items Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. 11 Maritei Status 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ■ No Specify: by 3 ■ Widowed 4 □ Divorced Specify: White Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) Spinner Textile Industry 12 .. Pages 1 end 2 should be filed v tment of Health end Mental Hygie tant: If item 27 is marked other ti jury or other traumatic event, In other i 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumema) Antoni Kwiatkowski Stanistawa Staniruska 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 43524 Drum Cliffs Road, Hollywood, Maryland 20636 Karen King 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State permit. Pages Depertment of Important: If it any injury or o 1 ☐ Burial 2 ☐ Cramation 3 ■ Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) Stanislaus Kostka Cemetery 2/7/98 Woonsocket, Rhode Island 22. Nama and Addrass of Facility
Brinsfield Funeral HOme, P.A. Edward N. Brinst eld, Jr M00052 22955 Hollywood Road, Leonardtown, MD 20650 23e. Part 1. Enter the disaasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Betw Onset end Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) **Examiner** Examiner The law requires that the death certificate be executed physician end sthe buriel-trens Sequentiely list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of): se esn ettending | ed by the e Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detec 1 Yes 2 No 3 Probably Onknown py 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? 24a. Wes en eutopsy parformed? Completed hes pege 2 After this certificate 1 ☐ Yes of Vital Attending Physician: director, 25. Wes cese referred to medical exeminer? Be 26. Place of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ■ Inpatient 2 □ ER/Outpetient 3 □ DOA filled in by the funeral 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? Division 5 Pending Investigetion Maturel s efter death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 0 To the Hospital o within 24 hours eff To the Funeral Di Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the ceuse(s) end menner as steted.

2 Madical Examina: On his basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, end due to the ceuse(s) and menner steted. 29a. Certifier Medical completely 2 ☐ Madical Examin 29b. Signature end title of certified 29c. Licansa numbar 29d. Data signed (Month, Day, Yaar) 019917 30. Mame and eddress & who comple ceuse of deeth (Item 23e) (Type, Print) JAMES A BOYD M.D ST.MARY"S MEDICAL ASSOC. 2050 WILDWOOD CTR. CALIF. MD. 31. Dete filed (Md Apristry's Signature Rardall State Registrar

DHMH 16 Rav 6/95

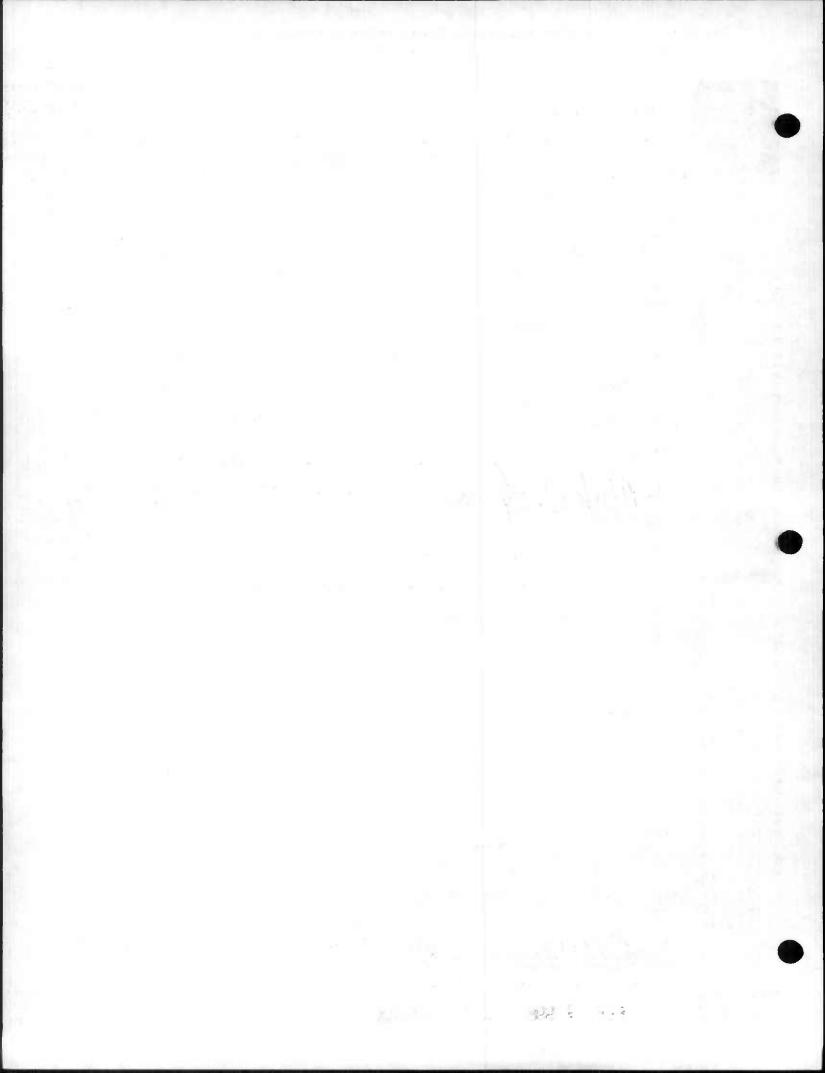


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	or 28	Director	10e. Street end Number		10f. Zip Code		10	g. Citizen of What C	ountry?
	th wil		759 MARYLAND AVE		215	02		U.S.A.	
Maryland 21215-0020	72 hours efter death with the Maryland "natural", or items 23s or 28s-f show died Examinet must be notified at	by Funeral	Armed	cedent Ever in U,S. Forces? s 2 17 No Give A Detes:	13. Wes Decadent of H if Yes, specify Cub 1 ☐ Yes 2 ☑ No	lispenic Orlgin? (S an, Mexican, Puert Specify:	pecify Yes or No- pecify Yes or No- pecify Yes or No- pecify Yes or No-	14. Raca - Am Black, Wh Specify: WH	ite, etc.
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Ž	d 2 should be th end Mental 7 is marked o traumatic eve	2	JAMES HARVEY PROUDFOO				LLEN MAP		
Z	d 2 s		19e. Informant's Name/Ralationship (Type, Print) JAMES K. PETERS		Mailing Address (Straat				Zip Code)
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	1	-	30. Name and eddress of person who complated cau	use of death (itam 23a) (T	ype, Print)	, , ,		1	
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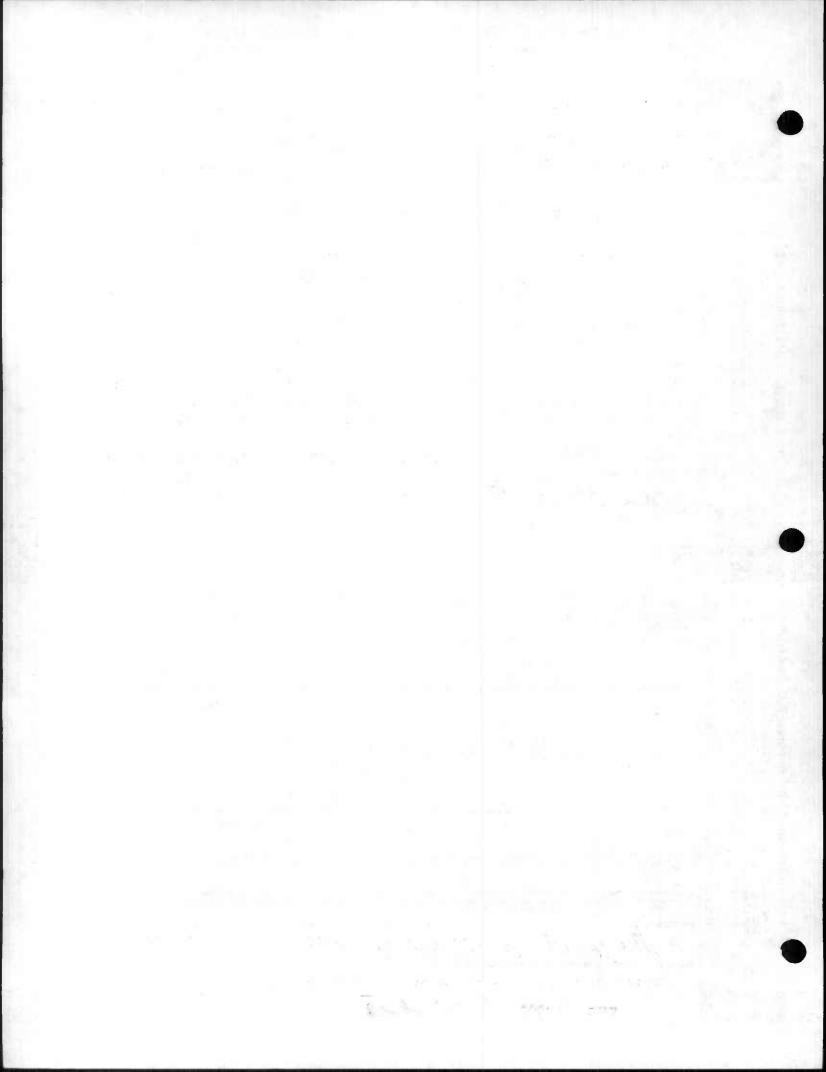
State of Maryland / Department of Health and Mental Hygiene 9 8

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	/Medic		Charles F. 1							01	31	ľ	98	10:	:00p.m
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	ineral rector		5. Social Security Number 6 233-60-6911 Usual Rasidance of Decedant	Sex 7. A	52	last birthd Yrs	Mont		r If Under 24 Hrs s Hours Min		ay, Year)	9. Birthpl Count WV	aca (State	a or Foreign
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			Pat Boyce						(Dakland					
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			111111111111111111111111111111111111111	Hamma	h	41)		ו/כשע	J 7	1	epri	uary	5, 1	770	
			30. Nama and address of person who												
			Walter K. Nauma				der S	t., (Dakland M	D 21550					
	Stat Registra		31. Data filad (Month, Day, Year)	32. Registr		itura	4.3								



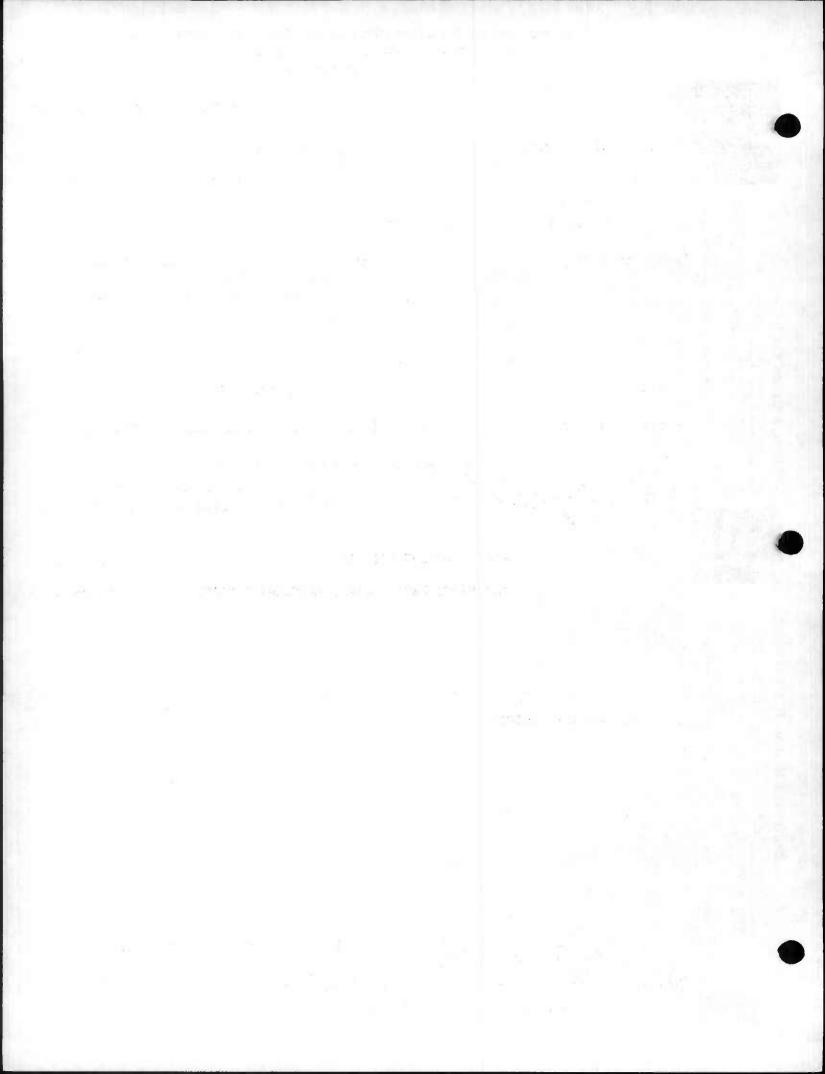
State of Maryland / Department of Health and Mental Hygiene 98

					,	Certificate		Death		Reg. No.	3 0	5033	
ı	Physic	ian	1. Decedent's Name (First, Middle, L				2. Dete of Deeth Month Dey Yea			3. Time of Death			
	/Medi		ALLAN BYRON LE					FEBRUARY 7, 199		8:03 AM			
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L		_	GARRETT COUNTY 1 5. Sociel Security Number 6.			at a lift lindor	1 Vens	OAKLAND If Under 24 Hrs.			RRETT		
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	fand ow		Usuel Residenca of Decedent 10a. Stete 10b. County 10c. City, Town or Location									10d. Inside City Limits	
21215-0020	Many He sh		MD GARRETT OAKLAND								1 ☐ Yes 2X No		
	th the	MD GARRETT OAKLAND 10e. Street end Number 10f. Zip Code 10g. Citizen of							Whet Cou	ntry?			
	23a d	by Funeral	426 LEMLEY DRIV	2	2155	0		USA					
	72 hours efter death with the Maryland "naturel", or items 23a or 28a-f show solical Examiner must be notified at		11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Never Married 2 Married Armed Forces? 1 ☐ Yes 2 ☐ No		13. Was Decedent of Hispenic Origin? (Specif Yes, specify Cuben, Mexican, Puerto Ri 1 □ Yes 2 ☒ No Specify:			ecify Yes or No- Ricen, etc.)	14. Ra Bla Speci	ick, White,	cen Indien, , etc.	
5-0	72 ho netur	eted	15. Decedent's E (Specify only highest gr		16e	Decedent's Usue	I Оссир к доле	etion during most of work	ina	16b. Kind of E	Business/Ir	idustry	
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ary	Pa B	ř	19e. Informent's Neme/Relationship	Type, Print)	196	19b. Meiling Address (Street end Number or Rural Route Number, City or Town, S							
M.	E = N F		JEANNE LEMLEY -	WIFE	4	426 LEMLE	EY D	R. OAKI	LAND, MI	21550			
ore			20a. Method of Disposition 1	Removei from State	20b. Plece o cemete.	Disposition (Nemry, cremetory or ot	e of her plea	ca)	Dete	20c. Location	- City or T	own, Stete	
Ē	Pages ment of ant: If ite jury or o		4 ☐ Donetion 5 ☐ Other (Special	(y)	THAYE	RVILLE CE	METE	RY 2	2/10/98	OAKLANI	D, MA	RYLAND	
Baltimore,	pemit. Pages Department of Important: If i any Injury or once.		21. Signature of Funehol Service Licenses 22. Name end Address of Fecility P.O. BOX 243 DURST FUNERAL HOME - OAKLAND, MD 21550										
		i Examiner	23a. Pert1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximate Intervel Between										
d	Physician										1	Onset end Deeth	
	/Medical Examiner		Immediate Ceuse (Fine) acute oliguric renal failure (escuting in deeth)								1	3 days	
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Вох	certiffi nding use es	√Me	d								i		
ă	d for	Icla	Pert II. Other significant conditions of	ontributing to double by	t not requiting to	Alba undankina an		an In Danid	02h Did 4	000 00000			
. P.O.	ilres that the deeth ce signed by the attendir d be deteched for use	Be Completed by Phy	sigmoid divertic						23b. Did tobacco use contribute to the ca			bably 4 Unknown	
Records,	been					disease, hyperte	lar	accident	24e. Wes e	en eutopsy med?	ev	lere eutopsy findings reileble prior to impletion of ceuse death?	
Œ	The sate h						1□ Y	1 Yes 2 No 1 Yes 2		☐ Yes 2☐ No			
Vita	clan: sertific sector,		25. Wes cese referred to medicel exeminer?	Hoopital. C			26. Place of Deeth (Check only one)						
ot	Physi this c	. To	1 ☐ Yes 2 No 27. Menner of Deeth	Hospitel: 1 Inpatier		tpetient 3 DO	1	4 Li Nursing no	me 5 Resid			(עֹ	
on	ding h. After fune	tou	Naturel 5 Pending	28e. Date of Injur (Month, Dey	Year) 280. I	Time of 28 njury M	C. Injun		26d. Describe n	ribe how Injury occurred			
Division of Vital	To the Hospital or Attending Physician: The law within 24 bours elfector-datin. To the Funeral Director-Affect this certificate has completely filled in by the funeral director, page 2	Certification:	3 Suicide 6 Could not b		rm, street, fectory, offica 28f. Location			28f. Location (S City or Tow	ion (Street end Number or Rural Route Number, or Town, Stete)				
	pital ours eral filled		200 Confiler NT County to Charles T. W. L.										
	To the Hospital or Att within 24 hours effer of To the Funeral Direct completely filled in by	ledicai	29a. Certifier (Check only one) Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and menner as stated. Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.									o the ceuse(s)	
	T Vit	Σ	29b. Signature and title of certifier 29d. Dete signed (D26650 2/7/98									onth, Dey, Year)	
	111/4	12	30. Name and address of person who		me and a series	Type, Print)					-		
	+ IVA	1	Margaret A. Kai			86, Oakl	and	, MD 2155	0				
	Star Registra	ie	31. Dete filed (Month, Day, Year) FEB = 9		r's Signeture	Redal							



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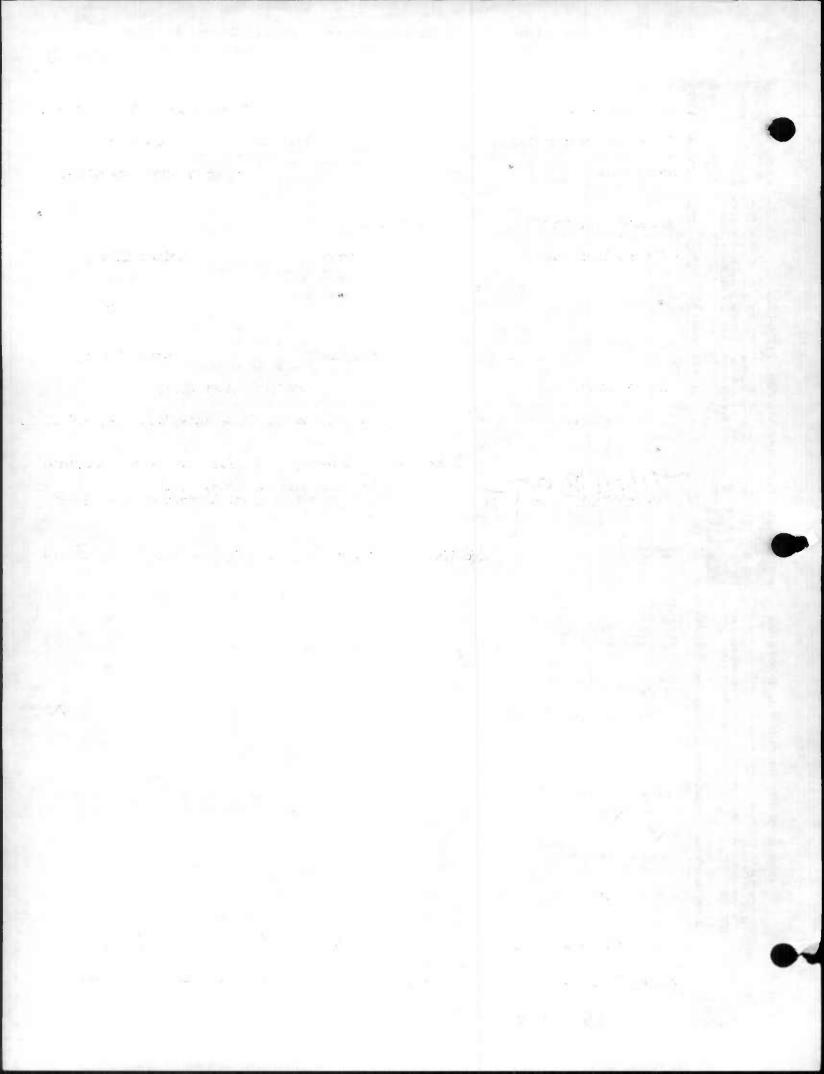
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give street and num	iber)				4b. City, Town, or	Location of Deeth	4c. County	Resident Science (Section of death?) 10d. Insident Science (Section of White Country?) Resident States 10d. Insident Science of White of States 14. Race - American India Bleck, White, etc. Specify: White Ind of Business/Industry Town, Steta, Zip Code) 21539 Cation - City or Town, Steta 21539 Cation - City or Town, Steta 10d. Insident Science of Scie			
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Armed For	Armed Forces?		 Wes Decedent of Hispenic Origin? (Sp If Yes, specify Cuben, Mexicen, Puerto 			Specify Yes or No- to Rican, etc.)	14. Rad Ble				
II 105, GIVE	3										
	tes:							No. Dey Yeer 28 1998 1 4c. County of Deeth Allegany 9. Birthplece Country) Barton, 10d. Ir 1. Citizen of Whet Country? Lited States 14. Race - American In Bleck, White, etc. Specify: White Kind of Business/Industry Lor Town, Stela, Zip Code Md 21539 Location - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Ch Street Ort, MD 215 Application - City or Town, Stelan MD Country MD 215 Application - City or Town, Stelan MD Country MD 215 Application - City or Town, Stelan MD Country MD 215 Application - City or Town, Stelan MD Country MD 215 Application - City or Town, Stelan MD Country MD 215 Application - City or Town, Stelan MD Country MD C	ce		
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		12 W	Flo	rida	Way. To	pnaconing	L Md	21530			
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	tate		,	,	·	/21/00	Danta	. 100			
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DEMENTI	A								lece (State or Foreity) December 1979 December 19		
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Examine		4a Facility Nama (If not institution, giva	street and numbar)			4b. City, Town, or				
ZAGIIIII	•	Solomons Nursing	Center			Solomon	S	Calv	ert	
Funeral		5. Social Security Number 6. Sa		(In yrs. last birth	day) If Undar 1 Yaar	If Undar 24 Hrs				laca (Stata or Foraign
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death with the Maryland ms 23a or 28a-f show r.mst be notfilled at	era	40880 Leeland Road		ver in HS		dienante Origin? (9	Specify Vac or No			
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Baltim Semit. Pa Department mportant any injury	-	4 Donation 5 Other (Specify)		Fort Li		tery	2/3/98	Brentwoo	d, M	aryland
Baltin permit. Pa Departmen important any Injury		21 Signature of Funeral Service License	The same of the sa		22. Nama and Addra	S of Facility	1 Home	Dλ		
m ggrag		Wilesan Bla	nkenshin		22955 Hol	lywood R	oad. Leo	nardtown	. MD	20650
		23a. Part I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate								
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68760, ficate be example to the burial.	<u>a</u>	Cause (Disaasa or injury								
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O. Bo a death he atter	Sic	Part ii. Other significant conditions con	12. Was Decedant Ever in U.S. 13. Was Decedant of Hispanic Origin? (Specify Yas or No-Fish Format Orons?? 1 14. Pas 2 1 1 1 1 1 1 1 1 1	tribute to	the cause of death?					
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State of Maryland / Department of Health and Mental Hygiene 98 05036

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/Media	ical					- f		F16	7/	918	1:351		
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-		Charlotte Hall Ve 5. Sociel Security Number 6.		one.	hirthday) If Un	ider 1 Year	Charlott	e Hall irs. 8. Dete of E	St.	Mary!	S		
Funeral Director		490-40-3852	1■M 2□F	76	Yrs. Mont	hs Deys	Hours M	in. (Month, L	Cay, Year)	Cou	plece (State or F ntry) York		
_		Usuel Residence of Decedent							21,1321	INCW	TOLK		
urs after death with the Maryland el", or Herns 23a or 28a-f show Examiner mant be notified st	_	10e. Stete 10b. County		10c. City, To	own or Location						10d. Inside City		
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or 2		10e. Street end Number 22987 Rison Road			10f.	Zip Code	2		10g. Citizen of Whet Country?				
23a	Funeral		10 Was Decedor	20653 Wes Decedent Ever In U.S. 13. Was Decedent of Hispenic Origin? (5)					United States pecify Yes or No- 14. Rece - American Indi				
natural", or items aical Examiner na	Fun	11. Maritel Status 1 Never Married 2 Married	Armed Forces	Armed Forces?		 Was Decedent of Hispenic Origin? (Specify Yes If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 				E) Bleck, White, etc.			
o'.le	by	3 ☐ Widowed 4 ☐ Divorced	4 1 □ Yes	1 ☐ Yes 2 ■ No Specify:				Specify: White					
"natural",	Completed	15. Decedent's I	Education	16	6e. Decedent's U	Isuel Occu	petion	and in a	16b. Kind of				
Ban .	npie	Elementery/Secondary (0-12)	College (1-4or	r 5+)	life. DO NO	Tuse retire	during most of ved)	vorking					
od other than	S		4		Defense	Con	tractor		Aircra		fense		
od ott	Be	17. Fether's Neme (First, Middle, Las Clifford Coddingt	*	-d				leme (First, Middl Miller	(First, Middle, Malden Sumame)				
end Mental Hygiene. Is marked other than raumatic event, the M	2	19e. Informent's Name/Reletionship			Ob. Marking A.d.d.	(0			· · · · ·				
Health end Men tam 27 is marke other traumatic		Elizabeth T. Lock						Rural Route Num on Pardk, M			Code)		
or other tr		20a. Method of Disposition	twood, Will	20b. Place	of Disposition (Name of		Date Date	20c. Location		own, Stete		
		1 ☐ Burial 2 ■ Cremation 3 ☐ 4 ☐ Donetion 5 ☐ Other (Spec		Metro	opolitar	or other pla	matory	2-9-98			Virgin		
Department of Important: If any injury or once.		21. Signalush of Hustophi Haveofiles	logo		22. Neme	end Addr	ess of Fecliity TP	rinsfiel	d Finer	al Ho	me DA		
Depa Impo		Michael K. Bl	ankenship	M0085				d., Leon					
		THE RESERVE TO SERVE THE PROPERTY OF THE PARTY OF THE PAR								, 120	Approximete		
nysician		23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Betwee Onset and Dee											
Medical xaminer		Immediate Ceuse (Fine) disease or condition resulting to death) e. PARUMONIA 1 week											
.xamme	_	resulting in death) Due to (or es e consequence of):											
ısıt	Examiner	b .											
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ig phy es th	Pe	resulting in deeth) Lest Due to (or as e consequence of):											
The law requires that the death certificate be ate has been signed by the ettending physicia page 2 should be deteched for use as the but	an/M												
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certificate ha		OF Management and the state of							Yes 2 No	1(☐Yes 2☐N		
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5 0	1	27. Menner of Death	28e. Dete of Inj (Month, D	ient 2 ☐ ER/0	o. Time of	28c. Inju			5 ☐ Residence 6 ☐ Other (Specify) Describe how injury occurred				
ath. r: After e funer	atio	1 ☐Natural 5 ☐ Pending 2 ☐ Accident investigation		(Month, Day Year) Injury			Yes 2□No						
r: Aft	0	3 Suleide 6 Could not be							28f. Location (Street end Number or Rural Route Number City or Town, Stete)				
rector: After the fun	t t												
urs after death. rai Director: Afte lied in by the fun	Certification:	29a. Certifier (Check only control of the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) and manner es steted. 29a. Certifier (Check only control of the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s)											
24 hours after death. Funeral Director: After tely filled in by the fun	lical Certifi	Crieck only 21 Medical Exe	end menner stated.										
ithin 24 hours after death. the Funeral Director: After myletely filled in by the fun	Medical Certifi	one) 2 Medical Exe	end menner s			29c Iren	se number		29d Date class	29d. Dete signed (Month, Day,			
within 24 hours after death. To the Funeral Director: After completely filled in by the fun	edicai	one) 2 Medical Exe	end menner s			29c. Licen	se number		29d. Dete sign	ed (Month,	Day, Yeer)		
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pital or Attan ours after deal eral Director: filled in by the	edicai	one) 2 Medical Exe	end menner s	deeth (Item 23e	(Type, Print)	29c. Licen	7347	Fr un	FIG.	ed (Month,	Day, Yeer)		

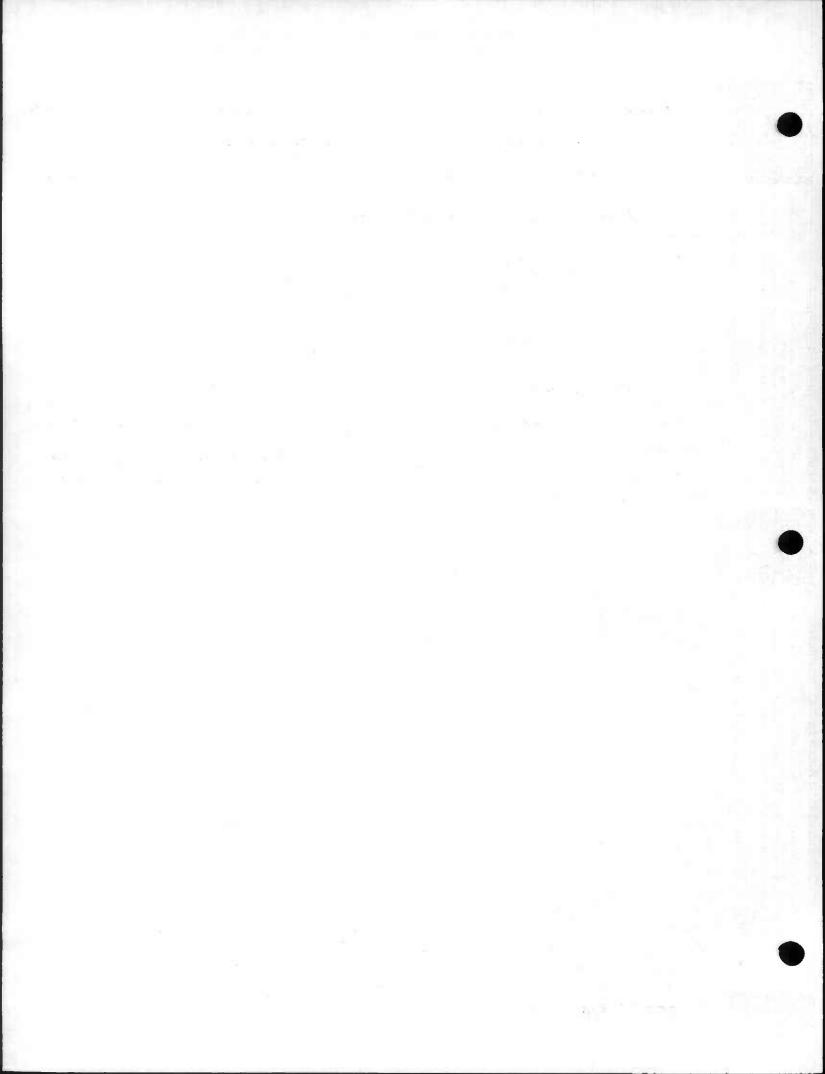
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Deeth Month **Physician** CARLTON HENRY LAPP, JR. FEBRUARY 3 1998 12:30 PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner LIONS MANOR NURSING HOME CUMBERLAND ALLEGANY If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1M 2□ F Yrs. 73 **Director** 220-16-6202 SEPT. 1 1924 MARYLAND Usuel Residence of Deceden with the Maryland 10b. County 10a. State 10c. City. Town or Location show 10d. Inside City Limits event, the Medical Examiner must be notified at 1 X Yes 2 No Director MARYLAND 28a-f ALLEGANY LAVALE 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 238 540 NORTH FIRST STREET 21502 U.S.A. death 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give items 11 Marital Status Was Decedent of Hispanic OrlgIn? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours aftar 1 Never Married 2 Married Maryland 21215-0020 ŏ 1 ☐ Yes 2 ♥ No Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Year or Detes: natural Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) al Hygiana. Elementary/Secondary (0-12) College (1-4or 5+) 12 C&P TELEPHONE CO. LINEMAN/TELEPHONE 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be is marked of Pagas 1 and 2 should be CARLTON HENRY LAPP, SR. traumatic LOUISE HINKLE 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) nt of Haalth a: If item 27 is LUCILLE C. LAPP WIFE 540 NORTH FIRST STREET LAVALE, MARYLAND 21502 Baltimore, other 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - Clty or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any injury or HILLCREST CEMETERY FEB 6,1998 4 ☐ Donation 5 ☐ Other (Specify) CUMBERLAND MARYLAND ignature of Funeral Service Lice 22. Name and Address of Facility MERRITT-ADAMS FUNERAL HOME eull 404 DECATUR STREET CUMBERLAND MARYLAND X ons thet caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, cause on each line. 23e. Part1. Enter the disease, or complice shock, or heart failure. List only one Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical METASTATIC COLON CARCINOMA 1 YEAR Examiner Due to (or as a consequence of) Examiner The law requires that the death cartificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last pue tha burial-tran Due to (or es e consequença of) P.O. Box 68760 attanding physician Physician/Medical Due to (or as a consequence of) signed by tha a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? tX Yes 2 No 3 Probably 4 Unknown CHRONIC OBSTRUCTIVE PULMONARY DISEASE Records, by Completed 24a. Was an autopsy performed? 24b. Were eutopsy findings eveileble prior to peen completion of cause of death? cartificata has 1 Yes 2/No 1 ☐ Yes 2 ☐ No of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 🗓 Nursing Home 5 🗆 Residence 6 🗆 Other (Specify) 1 Yes 2 No 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this spital or Attending Physnours aftar daath.
neral Director; Affar this y filled in by the funaral di 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Division 5 Pending investigation 1 Natural Injury 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours Medicai 29a, Certifler 11 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, end due to the cause(s) and manner as steted. 2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated To the Within 2 To the 29b. Signature and the of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 1) 33280 toma 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) 7210 DR SUNIL K. GUPTA 625 KENT AVENUE CUMBERLAND MARYLAND 21502 31. Date filed (Month, Dey, Year) 32. Registrar's Signature State FEB 0 5 1998 Registrar

				State of Marylan	Certifica				giene 9 {	3 (5038			
			1. Decedent's Neme (First, Middle, Last)				2. Dete of De	eth	Veer	3. Time of Death	_		
	Physici /Medi		Delbert Clay Lees	se, Sr.				Februa	ry 3, 19	998	7:20 p.m.			
	Examir		4a. Fecility Neme (If not institution, give	street end number)			4b. City, Town, or I	Location of Deat	4c. County	of Death				
			3011 Old Frostbu	rg Road		- 1,1	Frostbur	а	Garre	tt	asth Sirthplece (State or Foreign Country) St Virginia 10d. Inside City Limits 1 Yes 2X No Country? mericen Indien, hite, etc. hite ss/Industry ny a. Zip Code) 21532 or Town, State Maryland 36 Approximate Interval Between Onset and Death Afews 10 Years 10 Years			
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	pua *		Usuel Residence of Decedent 10e. Stete 10b. County	10c. Cit	y, Town or Location					1	Od. Inside City Limits	-		
	Menyl f sho	o	- 12.								111			
	the the l	Director	Maryland Garrett 10e. Street end Number	Fre	ostburg	ip Code			10g. Citizen of V	What Cour	ntn/?			
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	leath	era	3011 Old Frostburg	12. Was Decedent Ever In U, Armed Forces?	S. 13. Was Dec	21532 edent of I	Nispenic Orlain? (S	pecify Yes or No	USA 14. Rec	e - Americ	en Indien.	-		
20	d within 72 hours effer death with the Meryland jiene. I than "natural", or items 23s or 28s—f show the Medcel Exeminer must be notified at the Medcel Exeminer.	by Funeral	1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	1 X Yes 2 □ No	if Yes, sp 1 ☐ Yes		Hispenic Origin? (Sen, Mexicen, Puert Specify:	o Rican, etc.)	Specify	k, White,				
9	hour		15. Decedent's Edu	If Yes, Give Yeer or Detes: WW 2	16a Decedent's He	uel Occur	nation		16h Kind of Bu			-		
Maryland 21215-0020	in 72 n "na fedic	Completed	(Specify only highest grad	e completed)	16a. Decedent's Us (Give kind of v life. DO NOT	rork done	during most of world)	rking	TOD. KING OF BU	151110557111	oustry			
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b	e filed al Hygic other	BeC	17. Fether's Neme (First, Middle, Last)		Deanage .	-11050	18. Mother's Ner	ne (First, Middle						
lar	2 should be and Mental I is marked of reumatic eve		Bernard M. Leese				Viola W	hitacro						
an	and h		19e. Informent's Name/Relationship (T)	rpe, Print)	19b. Meiling Addre	ss (Stree	t end Number or Ru		er, City or Town,	State, Zip	Code)	and the state of		
	ロサトラ		Martha J. Leese/Wit	fe	3011 old	Fros	stburg Ro	ad: Fros	stburg,	MD :	21532			
ore	of He		20a. Method of Disposition 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ F		Plece of Disposition (Nemetery, cremetory or	eme of		Dete	20c. Location -		own, Stete			
altimore,	Pag nent mrt: I		4 □ Donetion 5 □ Other (Specify)		on Luthera	n Cen	netery Fe	b.6,98	Acciden	t, Ma	arvland			
alt	permit. Pages 1 an Department of Heal Important: If Item 2 any Injury or other once.		4 Donelion 5 Other (Specify) Zion Lutheran Cemetery Feb. 6, 98 Accident, Marylane 21. Signeture of Funeral Service Licensee Newman Funeral Homes, P.A.											
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68760,	ficate be executed physician and is the buriel-transit		Cause. Enter Underlying Ceuse (Disease or injury that initiated events	0.	onary		nero scl	extsu		- 15	6 years			
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P.0.	that the death cer ed by the attendin deteched for use	Physician/M		-	4.4		-	10	Yes 2 No	3 Pro	bably 4 ☐ Unknown	n		
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of Vital Records,	law requires that as been signed t 2 should be det		Drabotes morbid C	herit.					en eutopsy ormed?	ev	eilable prior to			
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Vita	Attending Physician: The ordesth. ector: After this certificate by the funeral director, pag	Be	25. Wes cese referred to medical exeminer?	1		0.	26. Plece of Dee	eth (Check only	one)					
of	Physi this o	5	1 163 208 140		ER/Outpetient 3 1	JOA			dence 6 □Oth		(y)			
L C	After funer	ion	27. Menne of Deeth 1 ☑ Natural 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury M	28c. Inju Wo	nyet irk?]Yes 2 □ No	28d. Describe	how injury occurr	red				
Si	or Attending efter deeth. Director: After in by the fune	fical	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury - At ho			1163 2 140	28f Location (Street end Numb	er or Run	al Boute Number	_		
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	To the Hospital or Attanding Physician: within 24 hours after deeth. Yo the Funeral Director: After this certific completely filled in by the funeral director.	edical C	(Check only 2 Medical Exami	sician: To the best of my knowner: On the basis of exeminer	wledge, death occurre	d et the ti	me, date end plece	, end due to the	ceuse(s) end me date end plece,	enner es s	teted.			
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	/	}	00 No	- U omo	win tw	Ð	7704		February	1 21	1330	_		
	nis		30. Name and eddress of person who co	-										
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State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 0 3 9

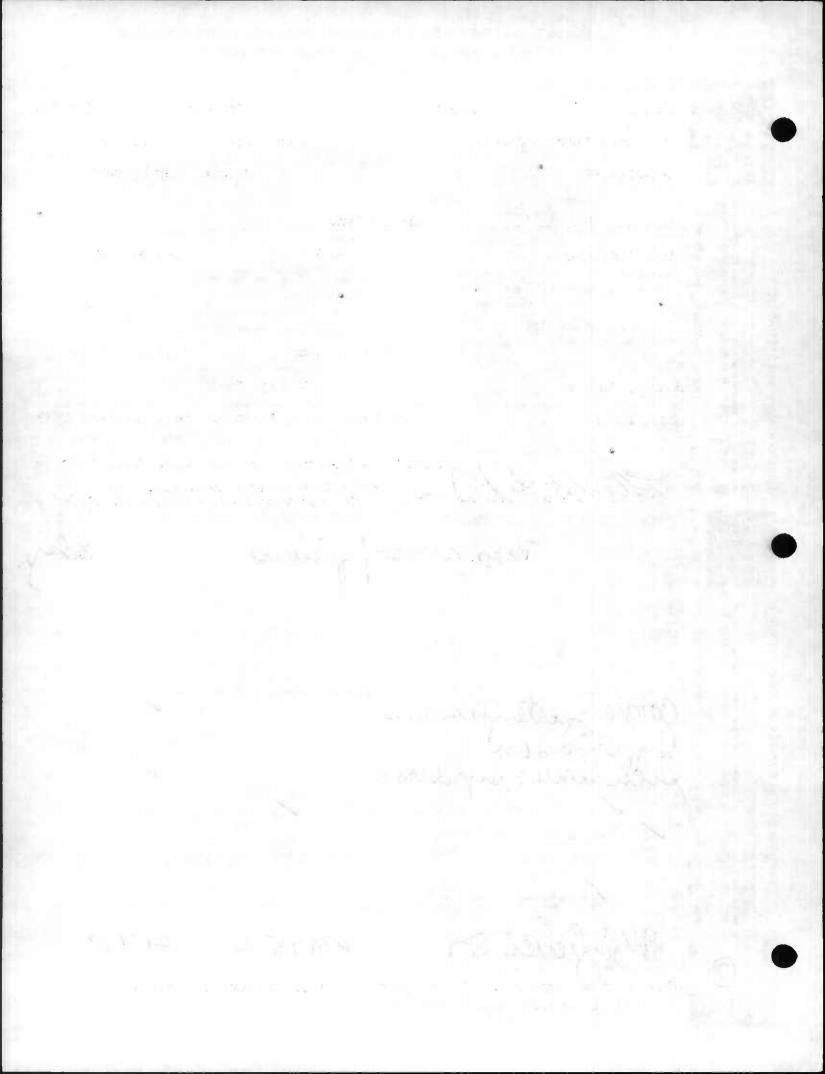
			C	ertificate of Death	Reg. No.	0 00000							
	Disco-lar	·	Decedent's Neme (First, Middle, Last)		2. Dete of Deeth	3. Time of Deeth							
	Physic /Medi			ar	Month Dey Felo, 5,	1998 12:20 P.M.							
	Exami			4b. City, Town, or Lo		nty of Deeth							
			Residence-14002 mt. Souge	Road MTISAV	auf Al	legany							
	Funeral		Residence - 14002 Mt. Savage K 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthdo	ay) If Under 1 Year If Under 24 Hrs.	8. Dete of Birth	9. Birthplece (Stete or Foreign							
П	Director		413-20-3232 12	. Working Doys Trouts Will.	Oct. 8, 1925	PANNS Y/VANIA							
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	sho	2				10d. Inside City Limits 1 ☐ Yes 2 ☑ No							
	he N	ect	The state of the s										
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Baltimore,	permit. Peges 1 and 2 Depertment of Health of Important: If item 27 is any injury or other tra once.		21. Signeture of Funeral Service Licensee	sposition (Neme of remetory or other place) Gap V.A. Comutery 9 22. Name and Address of Facility LEGSUVE-STEIN FU	1 11 100	2208-14							
m	Depermination of the police of		Ernest a. Riles. In.	Leasure-Strin Fu	weral Home	2 / 200 mai muiore							
			23a. Pert1. Enter the disease, or complications that caused the deeth. Do not shock, or heart failure. List only one cause on each line.	Ave, cum bin 16	or respiretory errest.	Approximete							
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0.	d by detect	£			1 ☐ Yea 2 ☐ No	3 □ Probably 4 ☑ Unknown							
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0	v require been si should	ted			24e. Wes en eutopsy performed?	24b. Were eutopsy findings evallable prior to							
ec	≥ 00 01	pje				of deeth?							
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Vital Records,	Physician: The la this certificate her ral director, pege 2	Be	25. Wes case referred to medical examiner?	26. Place of Deeth	(Check only one)								
	hysic his co	ပ္	1 ☐ Yes 💥 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpet	tient 3 DOA Other: 4 Nursing Hor	me \$1⊠ Residence 6 □0	ther (Specify)							
2	ng P		27. Menner of Deeth 28e. Dete of Injury 28b. Time (Month, Dey Year) 28b. Time Injury		28d. Describe how Injury occi	urred							
Division of	Attanding or death.	catl	2 Accident Investigation	M 1 ☐ Yes 2 ☐ No									
Ž	al or Attanding Phy sefter death. I Director: After this d in by the funeral of	Certification:	3 ☐ Sulcide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, building, etc. (Specify)	street, factory, office	 Location (Street end Nun City or Town, Stete) 	nber or Rurel Route Number,							
	To the Hospital or Within 24 hours effective Europeal Director Completely filled in												
	To the Hospital Within 24 hours To the Funeral completely filled	edical	29e. Certifier (Check only) 12 Certifying Physicien: To the best of my knowledge, de 2 Medical Examiner: On the basis of exeminetion end/or	eth occurred et the time, dete end plece, e investigetion, in my opinion, deeth occurre	and due to the ceuse(s) end need et the time, dete end plece	nenner es stated. a, and due to the cause(s)							
	within 2 To the comple	Med	one) end menner steted. 29b. Signature and title of certifier	200 Lionno numbos	20d Date In	at at the Day Year							
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	5		30. Name and address of person who completed cause of death (Item 23e) (Typ	116110	-d	1 4 1 2 -							
	My			rorid Henve	cum benlau	ud, Md, 21502							
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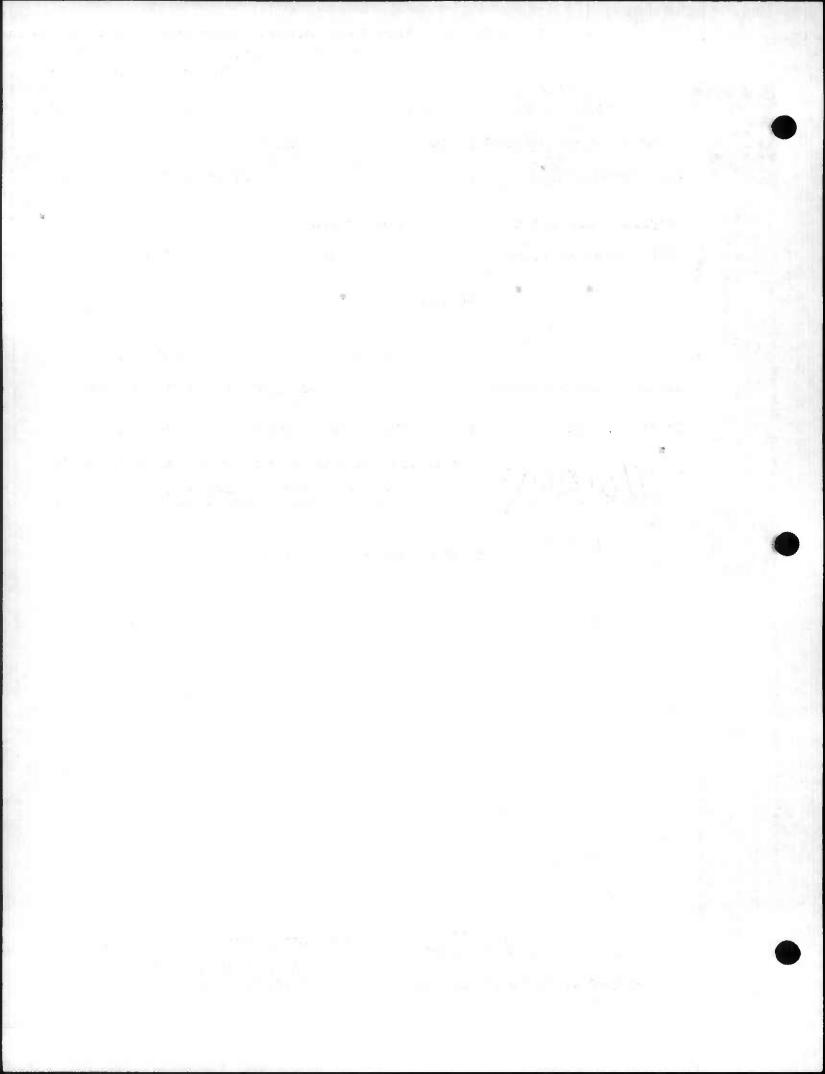
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Edward Morlona February 5, 1998 12:10 AM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street and number) Examiner St. Mary's Nursing Center Mary's Leonardtown 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 □ F Months Deys Hours Min. Yrs. December 3, 1903 Kansas 94 Director 506-09-9624 Usual Residenca of Decedent with the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryler Department of Heelih and Mentel Hygiane.
Important: If them 27 is marked other than "natural; or items 23a or 23a-f show any injury or other traumatic event, it is Medical Example. 1 ☐ Yes 2 ■ No Directo Maryland St. Mary's Lexington Park 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 45915 Harbor Lane 20653 United States Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien 11. Maritel Status Black, White, etc. 1 ☐ Yes 2 ■ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. þ 3 ■ Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Owner/Operator Appliance Store 4 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) John A. Morlong Kathryn Schmidt 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 45915 Harbor Lane, Lexington Park, Maryland 20653 Janet Tipton 20e. Method of Disposition 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 20c. Location - City or Town, State Important: If it any injury or o 1 ☐ Burial 2 ■ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 2/6/98 Alexandria, Virginia 22. Name and Address of Facility Brinsfield Funeral Home, P.A. M00052 22955 Hollywood Road, Leonardtown, MD 20650 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner attending physicien and for use as the buriel-transit tha death certificate be executed Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Due to (or as e consequence of) ed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown The law requires thet Division of Vital Records. by 24b. Were eutopsy findings available prior to completion of cause of death? been si Completed 24e. Wes en eutopsy performed? cartificata has b irector, pege 2 s 1 Tyes 2 00 No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) To 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ☐ ER/Outpatient 3 ☐ DOA 1 Inpatient this funerai 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Certification: After 5 Pending investigation death. 1 Yes 2 🗆 No 2 Accident the Director: 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) In by 4 Homicide Hospital 24 hours pelli 29a. Certifier 11 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. within 24 hor To the Fune completely fi edical (Check only one) 29b. Sign 29c. License number 29d. Date signed (Month, Day, Year) 2 on who completed cause of death (Item 23a) (Type, Print) 30. Name and address Szkotnicki Michael 22576 MacArthur Blvd., California, Maryland 20619 M.D 32 highistralia Signatura Randall State Registrar



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and Mente	10	Robert Edward Le	e Morgan			Lillian	Casandra	a Eiche	lberger					
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State Registrar JOHN M. MCCURLEY, LCDR, MC, USN

31. Dete filad (Month, Day, Yeer)

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32. Redistrar's Gignature

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BETHESDA, MD. 20889-5600

State of Maryland / Department of Health and Mental Hygiene

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Data of Death 3. Time of Deeth Month **Physician** FEBRUARY 5 1998 CARL EDWARD MILLER 3:00 PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Sacred Heart Hospital Cumberland Allegany If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Sacurity Number 7. Age (In yrs. last birthdey) Birthplace (Stete or Foreign Country) **Funeral** 1⊠M 2□F Yrs. Director Feb 27, 1929 220-26-9587 68 Maryland Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 X No Director Garrett Grantsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21536 10922 National Pike USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) Rece - Amarican Indien, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours effer-ment of Haulh and Mental Hygiene.

The filem 27 is marked other than "natural", or file my or other traumatic event, the Medical Examine 1 ☑ Yes 2 □ No If Yas, Giva Year or Dates: Korea 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: Specify: white Completed by 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highast greda completed) 16e. Decedent's Usuel Occupetion (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 11 th Repairman Office Machines 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Edison Miller Olive Lipscomb 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21536 Dorothea J. Miller/wife 10922 National Pike, Grantsville, MD 20e. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stata Burlai 2 Crametion 3 Removel from State Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Other (Specify) Grantsville Cem. Feb. 9, 1998 Grantsville, MD 22. Name and Address of Facility Newman Funeral Homes, P.A., P.O. Box 275 179 Miller St., Grantsville, MD 21536 amau you Part 1. Enfort the disasse, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete tntarval Between Onsat and Death **Physician** Immediate Cause (Final disease or condition resulting in deeth) /Medical CONGESTIVE HEARLT Examiner Physician/Medical Examiner CORONARY Sequentially list conditions, if eny, laading to immediata cause. Enter Underlying Ceuse (Disease or Injury that initiated events thet initieted events resulting in deeth) Lest Dua to (or es a consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part i. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 Ho DEPENDENT DIABETES þ 24b. Were autopsy findings aveileble prior to completion of causa of deeth? Completed 24e. Wes an autopsy performad? 1 Yas 2 No 1 Yes 2 THE Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: 1 Ompatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 2 ER/Outpetient 3 DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturei 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide Placa of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homlcide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the cause(s) and menner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete end pieca, and due to the cause(s) and manner stated.

The lew requires that the deeth cartificate be axecuted P.O. Division of Vital Records. or Attending Physician: e Hospital or Attending n 24 hours efter death. ne Funeral Director: Aft

Box 68760.

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Baltimore, Maryland 21215-0020

ral', or Items 23a or 28a-f show Examiner must be notified at

To the Hosp within 24 ho To the Fund complately 1 my

State

Registrar

31. Dete filed (Month, Dey, Year)

29b. Signetura and titla of certifian

PHYSICAM 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

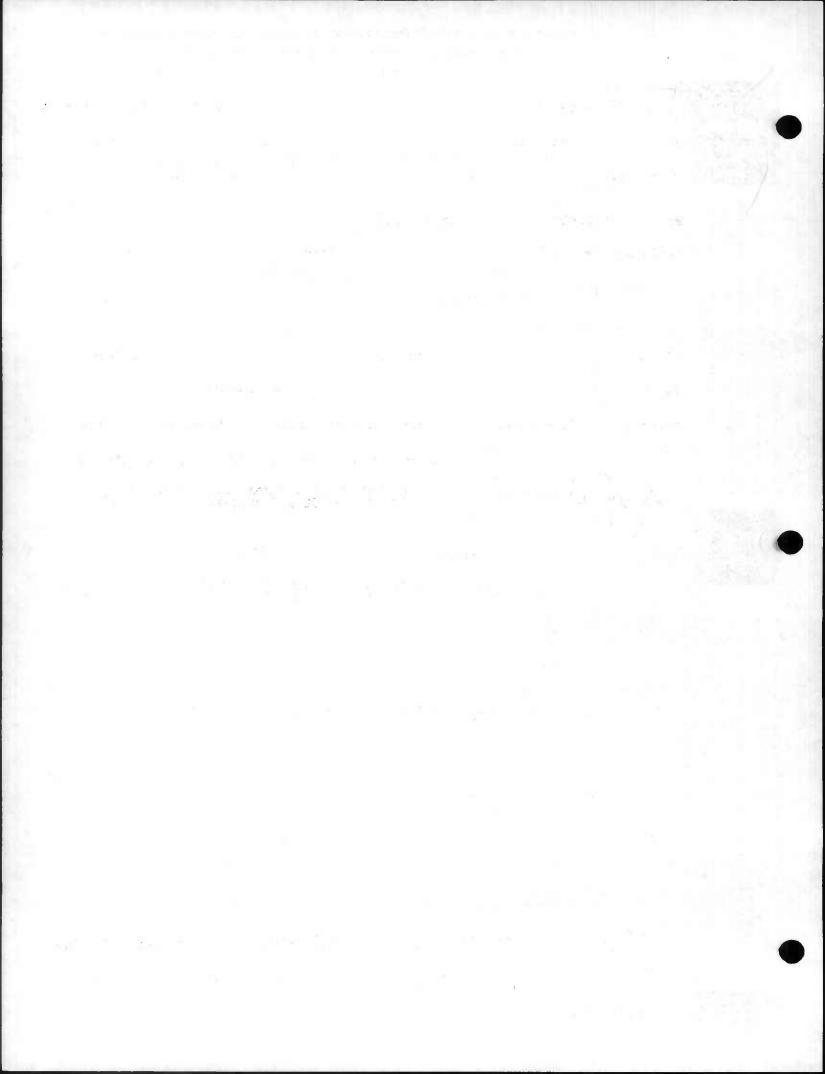
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FEBRUARY 5

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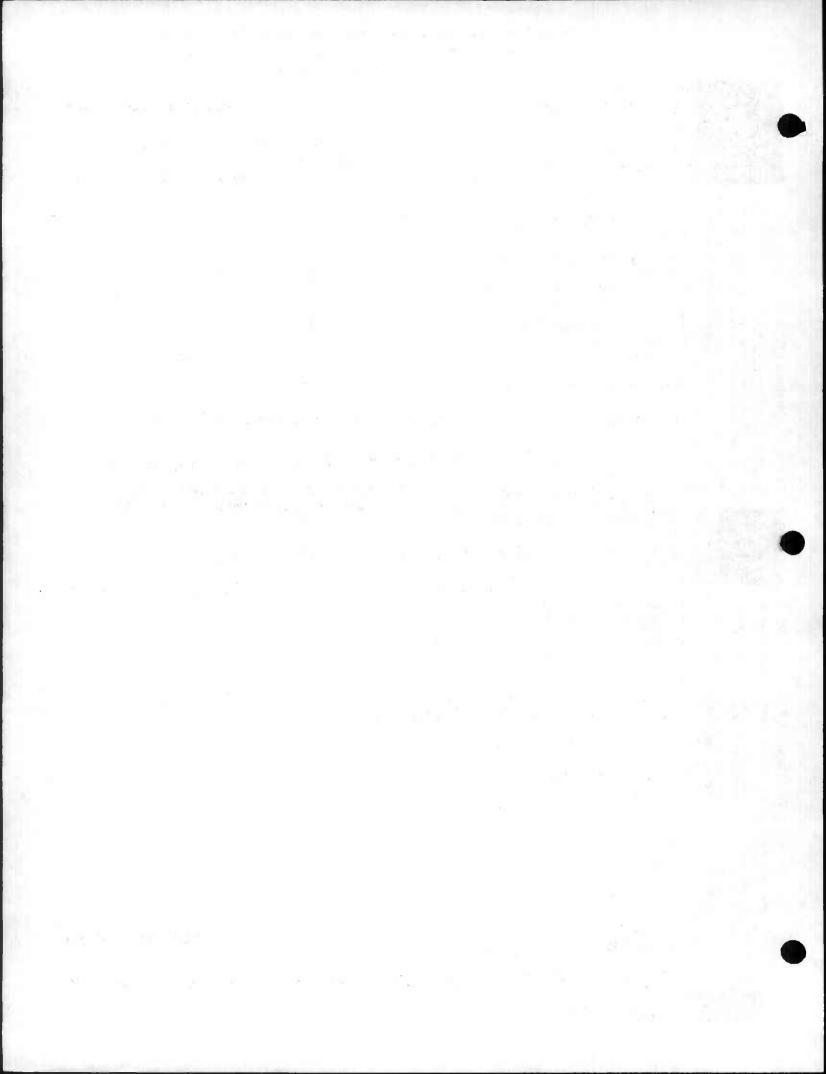
JOSE T LOVERA JR. 32. Registrer's Signeture

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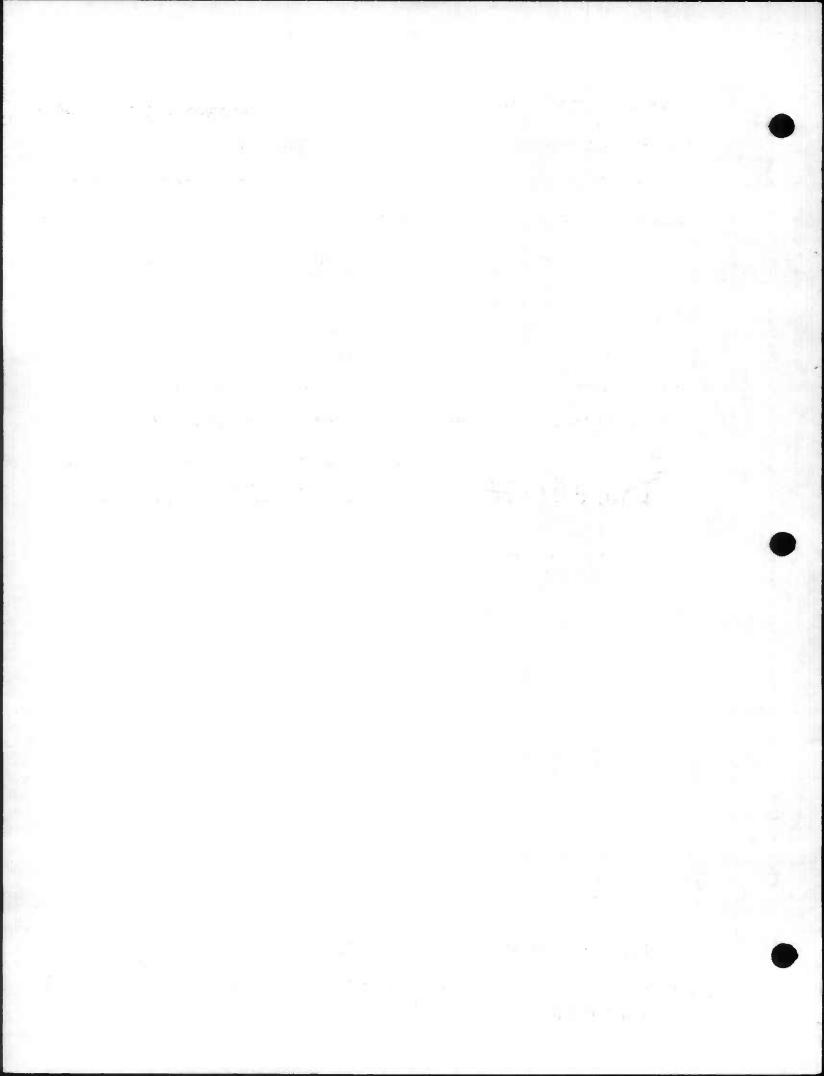
State of Maryland / Department of Health and Mental Hygiene 98 05045

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	- Kairii	ilei					100	0						
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	with po o	ā									10g. Citizen of What Country?			
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	item item	Ę.	11. Marital Status	12. Was Decedant Armed Forces	?	13. Was Decedar	nt of H	an, Maxican	, Puerto Rici	Spacify Yes or No- to Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc.				
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imore,	Haalth Haalth sem 27		Mary McFarlane	wife		32 Lower		orges	Creek	Road	, Lonac	oning	g, MD	21539
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	Dhusisian		shock, or haart feilura. List o	only ona cause on aach i	ina.		· • • • • • • • • • • • • • • • • • • •			iophiatory and			Intervei B	etween
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	hat the		Insula De	anders Dia	Lotes me	Mitus.				1 □ Y	es 2 No	3 Pro	bably 4	Unknown
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	o the	Me	29b. Signature and title of certifier	with thermal St		29c I	icans	a numbar		T 2	9d. Data signe	d (Month	Dev. Year)	
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State of Maryland / Department of Health and Mental Hygiene

					.,	Certi	ficate of	Death		g. No.	Ub	1046			
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	/Medi Examii		4a. Facility Nama (If not institution, give	straat and number)				4b. City, Town, or	Location of Death	-	-	1340 PM			
			SACRED HEART HOSP					CUMBERLA		ALLEGANY					
	Funeral Director		5. Sociel Security Number 6. S 214-07-3531 Usual Residence of Decedant	□M 9√√F	(In yrs. les		If Undar 1 Year Months Days	If Under 24 Hrs Hours Min							
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	tha Marylan 28a-f show	tor	MARYLAND ALLEGA	NY	CRE	SAPTOW	N					1 ☐ Yes 2 No			
	or 28	Sire	10e. Street and Number				10f. Zlp Code		1	Og. Citizen of \	What Country	y?			
	ath w	ral	13505 FIR TREE AV	E			2150			U.S	3. Tima of Death 1998 1340 PM County of Death ALLEGANY 9. Birthplace (State or Foraign County) MARYLAND 10d. Insida City Limits 1 Yes 2/ No izen of What Country? U.S.A. 14. Reca - Amarican Indien, Bleck, White, etc. Specify: WHITE Ind of Businass/Industry USE KEEPER Sumama) TH Or Town, Stata, Zip Code) RYLAND 21502 Docation - City or Town, Steta ERLAND MARYLAND MARYLAND MARYLAND Approximeta Intarval Between Onsat and Death USM No 1 Were autopsy findings available prior to complation of causa of daeth? No 24b. Were autopsy findings available prior to complation of causa of daeth? No 1 Yas 2 No				
020	within 72 hours after death with the Maryland iene. Than "natural", or Items 23s or 28s-f show the Modical Examinet must be notified at	by Funeral Director	11. Meritel Status 1 □ Navar Married 2 □ Married 3 ☒ Widowad 4 □ Divorced	12. Was Dacedent E Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Detes:			s Decedant of Hes, specify Cub		Specify Yes or No- to Rican, etc.)	Blee	ck, White, etc	c.			
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	uted d ansit	Examiner		b. Myola	11 4 10	1 1	7 4410	1102				13 . // \			
o,	rificata be axecuted ng physician and as the burial-transit		Sequantially list conditions, if any, leading to immadiate cause. Enter Undartyling Causa (Disease or Injury								1				
68760,	ysicia be bu	Ical	Causa (Dissess or Injury thet Initiated evants resulting In daath) Last Due to (or es a consaquanca of):												
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of Vital		o Be	avaminar?	Hospitel:	25/50	Outpatient	3□ DOA Oth	or:	eth (Check only on		ar (Specify)				
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	nas		DUNALD F. MAN	JUEN N	し	-	had to	a rond	Cumbet	16001	11) 1	1200			
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day **Physician** 28, 1998 Jeffrey Stephen O'Neill January 3:13 AM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Suburban Hospital Bethesda If Under 24 Hrs. Hours Min. Montgomery If Under 1 Year 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Months Days 1 M 2 □ F **Vrs** Director 266-38-9228 66 January 27, 1932 Massachusetts Usuel Residenca of Decedent with the Maryland 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 ■ No Director Maryland St. Mary's St. Inigoes 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code Peges 1 and 2 should be filed within 72 hours efter death with inent of Health and Mental Hygiene.
Int: if Item 27 is marked other than "naturel; or items 23a or inty or other traumatic event, the Medical Examines must be not 48511 Whitaker ROad 20684 United States Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritel Status 1 ☐ Never Married 2 ■ Married 1 ■ Yas 2 □ No If Yes, Give Year or Dates: 1953–1955 Baltimore, Maryland 21215-0020 Specify þ 3 ☐ Widowed 4 ☐ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Writer Researcher 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be 0 Leo Joseph O'Neill Eleanor Sullivan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Barbara G. O'Neill, Wife 48511 Whitaker Road, St. Inigoes, Maryland 20684 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ■ Burial 2 □ Cremation 3 □ Removal from State permit. Pege Depertment of important: if eny injury or once. 4 □ Donetion 5 □ Other (Specify) St. Michael's Cemetery 1/30/98 Ridge, Maryland 22. Name and Address of Fecility
Brinsfield Funeral Home, P.A. 21. Signal Edward N. Brinsfield, Jr. M00052 22955 Hollywood Road, Leonardtown, MD 20650 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Death **Physician** Immediete Cause (Final disease or condition resulting in death) /Medical Myocardial Infarction Examiner Due to (or es e consequença of): Examiner Diabetes buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last and Due to (or es e consequença of): Hypertension Box 68760. physician that the death certificate be Physician/Medical the Due to (or es e consequenca of): 98 attending **Emphyrema** USB ŏ signed by the aid Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Nos 2 No 3 Probably 4 Unknown Records. by 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveilable prior to completion of cause of deeth? Completed peed we! ate has b 1 ☐ Yes 2 1000 1 ☐ Yes 2 ☐ No certificate Division of Vital Attanding Physician: 25. Was case referred to medical examiner?
1 ☐ Yes 2 ☐ No funerel director. Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Thoatient ပ 2 ☐ ER/Outpatient 3 ☐ DOA this 28a. Date of injury (Month, Dey Yeer) 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred Certification: 28b. Time of After 1 Naturel 5 Pending investigation To the Hospital or Attandir within 24 hours efter death. To the Funeral Director: A 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not ba 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide

State

Registrar

Medicai

29a. Certifier

(Check only one)

29b. Signature and little of certifier

30. Name end address of purion who completed cause of deeth (Item 23e) (Type, Print)

5530 Wisconsin Avenue, Suite 925, Chevy Chase, MD 20815 George W. Graves, M.D. 32. Registress Signature 1998

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, and due to the cause(s) end menner es stated.

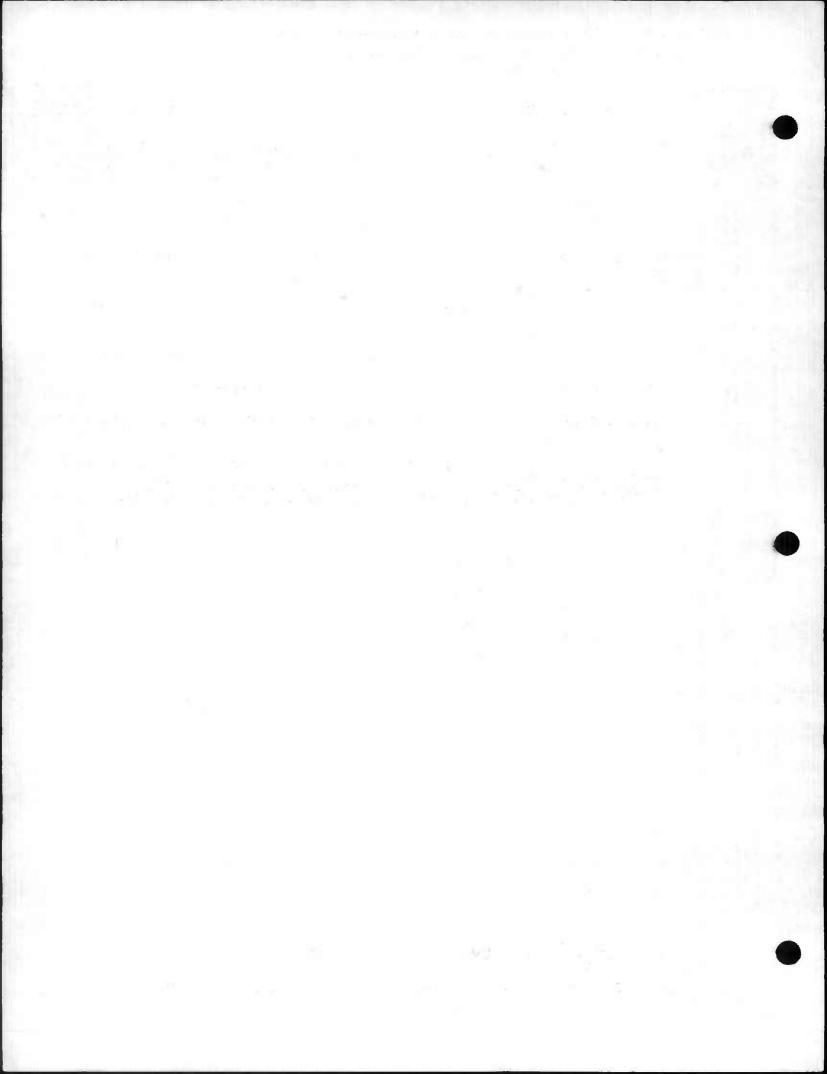
2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and menner stated.

29c. License number

D29353

29d. Dete signed (Month, Dey, Year)

1/28/98



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** PATRICIA LOUISE POHLAR FEBRUARY 4, 1998 1:00 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 486 HAZELHURST LANE SWANTON GARRETT 5. Sociel Security Number 6 Sex If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) SEPT 13, 1 7. Age (In yrs. lest birthday) **Funeral** 9. Birthplece (State or Foreign 1□M 2X F Months Deys Hours 045-28-5213 Yrs. 61 Director 1936 CONNECTICUT Usual Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MD Director GARRETT SWANTON 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 486 HAZELHURST LANE 21561 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give 11 Maritel Stetus Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien. Black, White, etc. hours after 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: WHITE by 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiena. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 and 2 should be filed will bepartment of Health and Mantal Hyglens important: if item 27 is marked other that any injury or other traumatic event, the page. REGISTERED NURSE HEALTH CARE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be WTT.I.TAM FREDERICK TUCKER MARY LOUISE PALMER 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) NORMAN POHLAR - HUSBAND 486 HAZELHURST LANE SWANTON, MD 21561 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State GARRETT MEMORIAL GARDENS 2/9/98 4 ☐ Donetion 5 ☐ Other (Specify) OAKLAND, MARYLAND 21. Signeturo Fun dent S 22. Name end Address of Fecility P.O. BOX 243 M00167 DURST FUNERAL HOME - OAKLAND, MD 21550 70U 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediete Ceuse (Finel disease or condition resulting in deeth) Atherosclerocardic Vascular Disease Moments Examiner Due to (or es e consequence of): Physician/Medical Examiner The law requires that the death certificate be executed physician end s the buriel-transit Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Box 68760. Due to (or es e consequence of) for use es 98 P.O. ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 2 No 3 Probably 4 Unknown signed t Chronic Hepatitis C with cirrhosis, Hypertension Records, þ 24b. Were autopsy findings eveileble prior to Completed 24e. Wes an eutopsy performed? Asthma, Hypothyroid, Factor II Deficiency completion of cause of deeth? page 2 certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Physician: Be 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ InpetIent 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2N No Certification: To s efter death.

I Director: After this od in by the funeral di this 27. Menner of Beeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Division Hospital or Attending 1 Neturel 2 Accident 5 Pending Investigation Injury 1□Yes 2□No 3 Sulcide 6 Could not be determined 281. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homleide 24 hours Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the cause(s) end manner steted. 29a. Certifier Medical completely (Check only 9 To the Within 2 To the 29b. Signet@re.and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D26650 2/4/98 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Kaiser MD Margaret A. PO Box 486 Oakland MD 31. Dete filed (Month, Dey, Year) 32. Degistrar's Signeture State 750 -6 Registrar

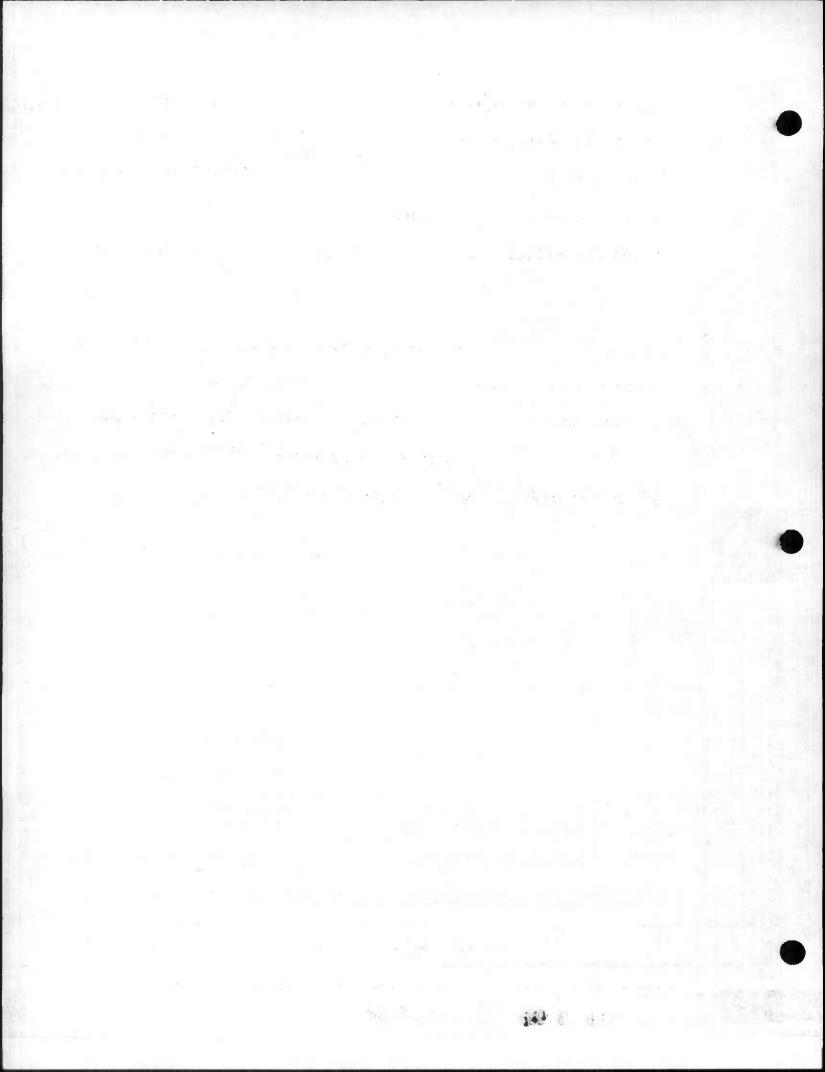
State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death January Day 1998 **Physician** 4:30 a.m. MELVIN MESHACH PRESTON /Medical 4a. Facility Nema (If not Institution, giva straet and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Allegany Barton 19706 Old Miller Road If Undar 1 Year If Undar 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) B. Data of Birth (Month, Day, Year) 920 Signification (State or Foreign Country) Maryland **Funeral №** M 2 F 77 Yrs. Director 579-16-9472 Usuai Rasidance of Dacadant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be not red at 1 Yas 2 No Barton Director Maryland Allegany 10e. Straat and Numbar 10f. Zip Coda 10g. Citizan of What Country? filed within 72 hours effer death with United States 19706 Old Miller Road 21521 Funeral 12. Wes Decedent Evar in U,S. Armed Forces? 13. Was Decadant of Hispanic Origin? (Spacify Yes or No-If Yas, specify Cuben, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian. Biack, White, etc. 1 ☐ Yas 2 ☒ No It Yas, Giva Yaar or Datas: 1 Nevar Married X Married 21215-0020 1 ☐ Yas 2 No Specify: White Spacify: Completed by 3 ☐ Widowad 4 ☐ Divorcad 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16b. Kind ot Businass/Industry nd Mental Hygiene. merked other than Elementary/Secondary (0-12) Coilege (1-4or 5+) Employee Buffalo Coal Co. Coal Mining Unknown Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) . Peges 1 and 2 should be fill ment of Health end Mental Heart: if item 27 is marked oth lury or other traumetic event Be Lula Urice Meshach Tobe Preston 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Route Number, City or Town, Stata, Zip Code) 19702 Old Miller Rd., Barton, Md. 21521 Toby Preston 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1-29-98 Cumberland, Md. 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Spacify) permit. Pege Depertment of Important: if sny injury or once. Cumberland Crematory 21. Signetura of Funaral Service Licensae 22. Name end Addrass of Fecility Boal Funeral Home 111 Church St. Westernport, Md. K 23e. Part1. Entar tha disease or complications that caused the down. Do not antar tha moda of dying, such es cardiac or raspiretory arrast, shock, or haart tailura. List only one cause on each line. Approximeta Interval Batween Onset and Death **Physician** /Medical Immediata Cause (Final diseasa or condition rasulting in death) Obstructive Pulmnany Disease Examiner The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Diseasa or Injury that Initiated avants rasulting In daeth) Last and Dua to (or es e consequance ot): P.O. Box 68760, physician Physician/Medical Dua to (or es e consequance of): been signed by the should be deteched Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 TYas 2 No 3 Probably 4 Unknown Devere Division of Vital Records, þ Completed 24b. Were autopsy tindings available prior to complation of cause of death? 24a. Was an autopsy performed? After this certificate hes funeral director, page 2 1 Yes 2 No 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was case ratarrad to medical examiner? 26. Piace of Death (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Spacify) 1 Yas 2 No Medical Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA s efter deeth.

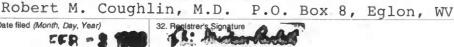
I Director: After this od in by the funeral d 28a. Data of Injury (Month, Day Year) 27. Manper of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Naturai 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 Suicida Place of Injury - At homa, farm, straat, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stata) 4 Homicida To the Hospital o within 24 hours of To the Funeral Di completely filled is 1 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifiar 29b. Signature end titia of certifiar 29c. Licensa number 29d. Data signed (Month, Dey, Year) andhur HD 30. Nama and address of parson who complated cause of death (Itam 23a) (Type, Print) Sandhir M.D. 48 Tarn Terrace, Frostburg, Md. 21532 31. Date tilad (Month, Day, Year) 32. Registrar's Signatura State Joli Bridger Rade Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🍳 🤉 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month 1998 February 9:30P.M Mary Frances Paige /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Garrett Memorial Hospital Oakland Garrett 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 6 Sex 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign
Country) 1□M 2\ F Deys Year) 1913 215-20-9630 84 Yrs. Director MARYLAND Usual Residence of Decedent the Meryland 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or Items 23a or 28a-f show the Medical Examiner must be notified at Director 1 TYes 2KTNo MD GARRETT McHENRY 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 137 CLOSE ROAD 21541 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Z No 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. within 72 hours after 1 Never Merried 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Yes Give þ 3 Widowed 4 Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed wit. Department of Health end Mental Physiens important: if Item 27 is marked other that any Injury or other traumatic event, Ital 2006. REGISTERED NURSE HEALTH CARE 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be **GEORGE** JOHN YUTZY MAUDE CORDELIA SANDERS 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) DEBORAH SWIGER - DAUGHTER 821 MEMORIAL DRIVE OAKLAND, MD 21550 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 1XXBuriel 2 Cremetion 3 Removel from State 2/5/98 GARRETT MEMORIAL GARDENS OAKLAND, MARYLAND 4 Donetion 5 Other (Specify) of Full graf Ser 22. Name end Address of Fecility P.O. BOX 243 M00167 DURST FUNERAL HOME - OAKLAND, MD 21550 23e. Pert1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical mmediete Ceuse (Final Sepsis disease or condition resulting in deeth) l Day Examiner Due to (or es e consequence of) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest ding physicien and use es the buriel-tran Due to (or es e consequence of): P.O. Box 68760, Physician/Medicai Due to (or es e consequence of): use es for ed by the e Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4X Unknown Congestive Heart Failure ate hes been signed i page 2 should be det Records, þ 24b. Were eutopsy findings evailable prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy Coronary Artery Disease 1 ☐ Yes 2 No 1 ☐ Yes 2 No certificate Physician: the funeral director. Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 1 Yes 2√ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To this 27. Manner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After or Attending 1 Netural 2 Accident 5 Pending investigation s efter deeth. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours Hospital 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end menner steted. Medical 29a. Certiflei completely (Check only one) Within 2 To the To the 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

State Registrar 31. Date filed (Month, Day, Year) EER -



no eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) D33464

February 2, 1998

26716

of Vital

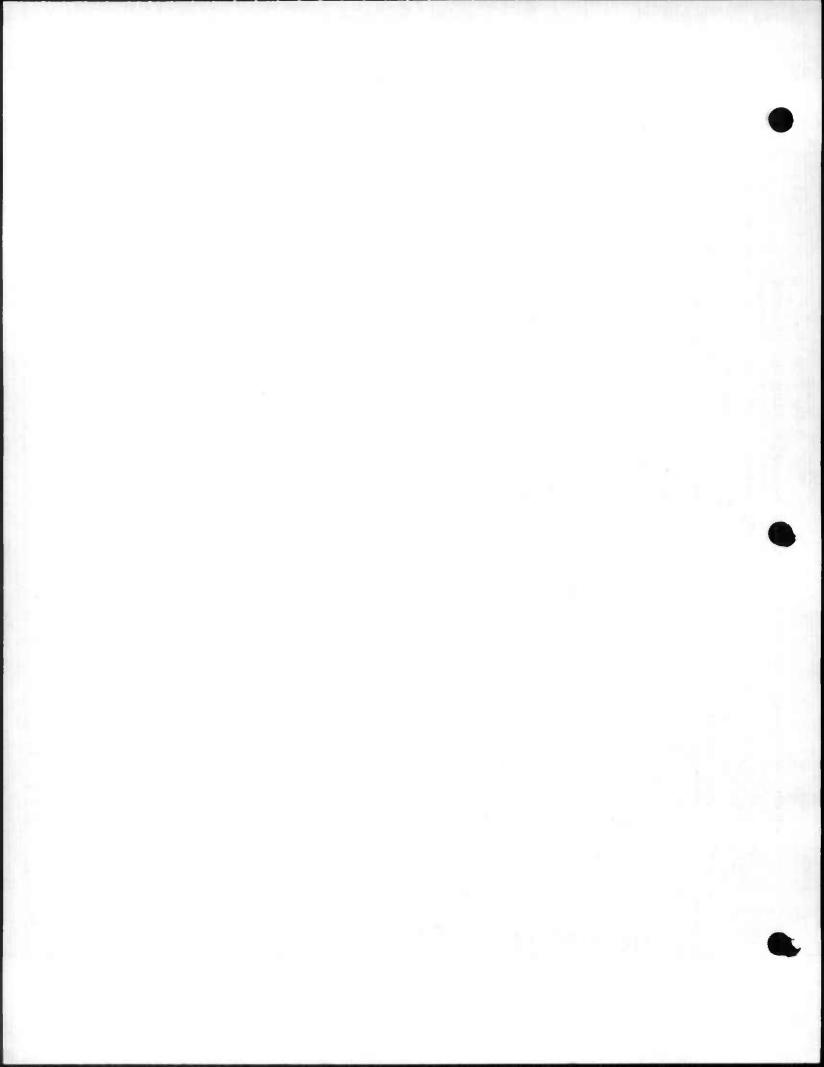
Division

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle,	Last)			DEATH	2. DATE OF DEATH		3. TIME OF DEATH			
	John Franklin	n Pilkerton, Sr				February 9,		9.37 AM M			
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIPT Cour	THPLACE (State or Foreign			
	215-36-5421	1 📉 M 2 🗌 F	65 YRS.	MONTHS DAYS	HOURS MIN.	April 29, 19	32 Mar	yland			
_	9a. FACILITY NAME (If not institution,	give street and number)		96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY OF	OEATH			
DIRECTOR	Bradford Oaks Reha	bilitation Ceneter		Clinto	n		Prince C	George's			
Ä	10a. STATE 10b. CO		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?			
		ince George's	Br	andywin	9			1 YES 2 NO			
₹ I	10e. STREET AND NUMBER			1	r. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	14520 Gibbons				206 13		U.S.A.				
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF HISPA Decity Cuban, Maxico S 2 NO Specia	NIC ORIGIN? (Specify Yea an, Puerto Rican, atc.) fy:	Black, White, atc. Specify:				
	15. DECEDENT'S (Specify only highest	EDUCATION	16a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KIND OF BUS	SINESS/INDUSTRY	White			
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during n re retired.)	ost of working						
M M	10th		Equipment	Operator		Sand and	Gravel Co	ompany			
COMPLETED	17. FATHER'S NAME (First, Middle, Las	ot)			16. MOTHER'S NA	ME (First, Middle, Maiden	Surname)				
BE	William Melvi				Mary E	kerton					
2	19e. INFORMANT'S NAME (Type/Print)			b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
	Mary Helen Pilkerto			-		Brandywine, N					
	20b. PLACE AND DATE OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetery, cremeter, cremetery, cremeter, cremet										
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY										
	·m·l	n261	*			ner Funeral H	Home, P.A.				
	1 Licenes	Landen	(la)	P.O.	Box 270, Le	eonardtown, Ma	aryland 20	650			
	23. PART I. Enter the diseases shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List only one ceuse on a	My Course of	al u	fasch	ha cardiac or respi	retory arrest,	Approximate interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	· N	A CONSEQUENCE OF	1	ns t	Junto	77—	14			
AL.	PART II. Other significant cond	ditiona contributing to deeth i	but not resulting i	n the underlyin	g cause given in	Part i. 24s. WAS AN		b. WERE AUTOPSY FINDINGS			
MEDIC						PERFOR 1 □ YES 2	. /	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
BY PHYSICIAN:	25. WAS CASE REFERRED 30 MEDIC	AL T		20. 5	LACE OF DEATH (Ch						
Sic	EXAMINER?	HOSPITAL: 1 Inputient 2 ER/Out	netlant 2 000	OTHER.							
Ě	27. MANNER OF DEATH	28a. DATE OF INJURY	28b. TIM	E OF 28c. IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED				
	1 Natural 5 Pending 2 Accident Investige		INJ		YES 2 NO						
ED B	3 Suicide 8 Could no	28a PLACE OF IN HIE	Y — At home, farm, a	treet, factory, offi	20	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,			
	4 Homicide detarmin	ed				City or lown, State)					
COMPLE		PHYSICIAN: To the beat of my know									
ξ I	one) 2 MEDICAL EXA	AMINER: On the basis of examination	on and/or investigation	n, in my opinion,	death occured at the	time, data and place, and	d due to the cause	(a) and manner as stated.			
BE	296 DIGHATURE AND TITLE OF CER	TIFIER A. D. A.	4		290 LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Dec. Year)			
0	30. NAME AND ADDRESS OF PERSON	JAND H	levam	P	D-24	535	1 2/	9/98			
	Lixmi Berwa, M		on, Maryl		35			/			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN			-						
	FEB 1 0 19	198 Julia d'aveles	on storound								



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month KARL EDWARD PAPE FEB 8 1998 4:55 P.M. 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth EGLE NURSING HOME LONACONING If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 1 M 2□ F Yrs 212 38 6446 58 JUNE 11 1939 MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits MARYLAND 1 ☐ Yes 21 No ALLEGANY FROSTBURG 10e, Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 17020 OLD NATIONAL HIGHWAY 21532 U.S. 12. Was Decedent Ever In U.S. Armed Forcas? 1956 1 XYes 2 □ No If Yes, Give Year or Detes: 1962 Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Ktnd of Business/Industry Elemantery/Secondery (0-12) College (1-4or 5+) RECEIVING KELLY SPRINGFIELD TIRE 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) WILLIAM PAPE MAY BRODE 19a. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stete, Zip Code) PATRICIA SPEIR / SISTER 16611 LOARTOWN ROAD, SW, FROSTBURG, MD 21532 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cramatory or other plece) 20c. Location - City or Town, Stete 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ECKHART CEMETERY 2/11/98 | ECKHART, MD 21. Signature of Funeral Service License 22. Name end Addrass of Fecitity SOWERS FUNERAL HOME, P.A. 60 W. MAIN ST., FROSTBURG, MD 21532 23a. Perf 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respirefory errest, shock, or heart feiture. List only one ceuse on each line. Approximete intervel Between Onset end Death Immediete Ceuse (Final 3 wbs reumania Diralier disease or condition resulting to deeth) Sequentially list conditions, if eny, leeding to immediate ceusa. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lesf many almhamer Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown SONISM 24b. Were eutopsy findings eveileble prior fo completion of cause of daeth? 24e. Wes en eutopsy performed? 2000 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes cese rafarred to medicel examiner? 26. Placa of Deeth (Check only ona) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatienf 2 ☐ ER/Outpetient 3 ☐ DOA

28d. Describe how tnjury occurred

MD

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete stgned (Month, Dey, Year)

21539

Physician /Medical **Examiner**

Physician

/Medical

10e. Stata

Director

Funeral

by

Completed

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Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show the Madical Examiner must be notified at

natural

filed within 72 hours efter

Hygiene.

Peges 1 and 2 should be finent of Health end Mentel I ant: If Item 27 is marked or

other

Depertment Inportant: If any Injury or

21215-0020

Maryland

Baltimore,

P.O. Box 68760.

Division of Vital Records.

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Physician/Medical Completed Certification: To

27. Manpar of Deeth

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certificate this funeral After death. ours after death eral Director: A filled in by the f

The law requires that the death certificate be executed ate hes been signed by the attending physiclan pege 2 should be detached for use es the burie or Attending Physician: To the Hospital o within 24 hours aff To the Funeral DI completely filled it

> nu State Registrar

31. Dete filed (Month, Dey, Year) 1 0 1998

29b. Signeture end title of certifier

5 Panding Investigation

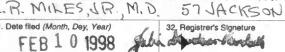
6 Could not be

1 Naturat

2 Accident 3 Suicide

4 Homtcide

29a. Certifier



M

30. Name end address of person who complated cause of deeth (ttem 23e) (Type, Print)

28a. Date of Injury (Month, Dey Year)

28b. Time of

28e. Ptece of tnjury - At homa, farm, street, fectory, office building, atc. (Specify)

28c. Injury et Work?

Test Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basts of examinering end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

ST.

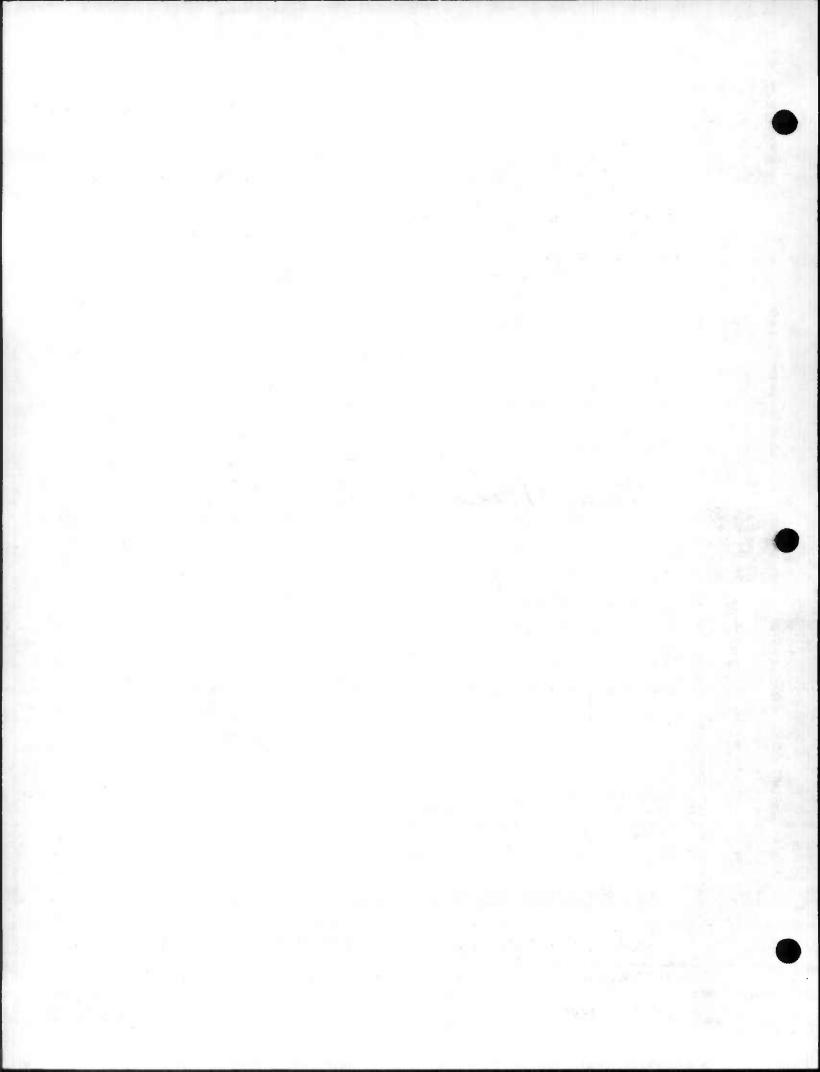
29c. License number

1 TYes 2 □ No

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month Year Elizabeth eR 1-ebRuary 07, 1998 4b. City, Town, or Location of Death 4c. County of Death JaNie 4a. Facility Nama (If not institution, give street and number Gambridge If Undar 1 Year If Undar 24 Hrs. 8. Date of Birth Pays Hours Min. (Month, Day. CORNISH DRIVE 7. Aga (In yrs. last birthday) Dorchester 5. Social Sacurity Number 6. Sax Birthplaca (State or Foreign Country) Yaar) 1□M 2XF 65 Yrs. 220-28-2165 Usual Rasidanca of Dacadant Sept. 19 1932 Maryland 10h Counts 10c. City, Town or Location 10d. Insida City Limits 1 XYas 2 No Maryland Dorchester Cambridge 10e. Street and Numbar 10g. Citizan of What Country? DRIVE ORNISH 106-U.S.A. 12. Was Dacedant Evar in U.S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, etc.) Race - Amaricen Indian, Black, Whita, etc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Spacify only highast grada completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) Seafood Industry PICKER 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Sumama) illiam 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 706 CORNISH DRIVE Pinder ambridge MD. 21613 20c. Location - City of Town, Stata 20a. Method of Disposition 1 Burial 2 □ Cramation 3 □ Removal from Stata 4 □ Donation 5 □ Othar (Specify) 21. Signature of Funaral Sarvica Licensaa Henry Funeral Home P.A. Henry Funeral Home P.A. 5/0 Washington St. Cambridge MD. 21613 23a Pin /Entar tha disaasa, or complications that caused the death. Do not antar tha mode of dying, such at cerdiac or respiratory arrast, Approximate Approximata interval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in death) Dua to (or as a consequence of) Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the causa of death? Heuro 1 ☐ Yes 2 ☐ No 30 Probably 4 Unknown 24b. Wera autopsy findings available prior to completion of ceusa of death? 24a. Was an autopsy performed?

Physician /Medicai Examiner

the buriel-transit

ate has been signed by the a page 2 should be detached for

director.

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After

within 24 hours after death. To the Funeral Director: A

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The law requires that the death certificete be executed

Box 68760.

P.O.

Division of Vital Records,

Hospital or Attending Physician:

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Department of Important: if any injury or

Physician

/Medical

Examiner

10a Stata

Funeral

Director

28a-f show

"natural", or items 23s or 28s-f shov balest Examiner must be notified at

the Medical

Pages 1 and 2 should be filed within 72 hours after one of Health and Mental Hygiene.

if of Health and Mental Hygiene. If Item 27 is marked other than or other traumatic event, the Me

Baltimore, Maryland 21215-0020

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Funeral

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Examiner Sequantially list conditions, if any, laading to immediata ceusa. Entar Undarlying Causa (Diseasa or Injury that Initiated avants rasulting in daath) Last Physician/Medical

Be Completed 1 Yas 2 No 1 Yas 2 No 25. Was cese referred to medicel axaminer? 26. Place of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 1 ☐ Yes 2 ☐ No Other: 4 ☐ Nursing Homa 5 Residence 6 ☐ Othar (Specify) Medicai Certification: To 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury at Work? Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No 6 Could not be datarmined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homicida 29a. Cartifiar

(Check only one)

12 Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and manner as statad.

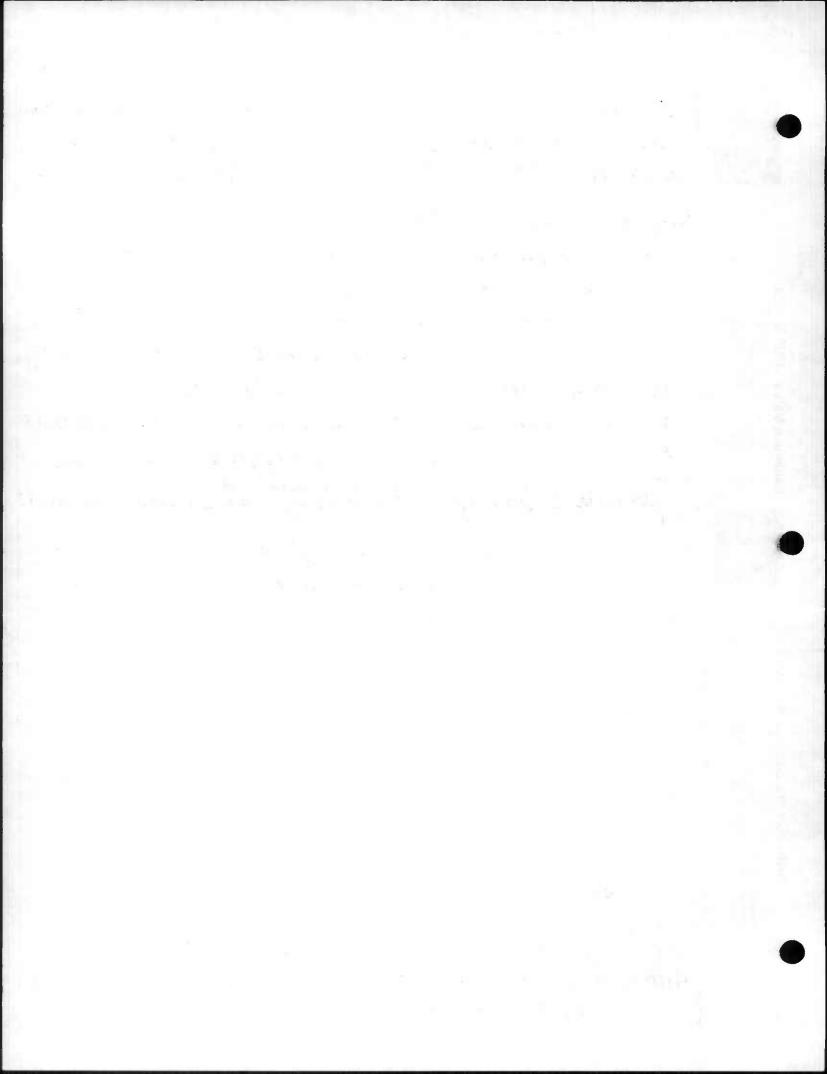
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the tima, data and placa, and due to tha cause(s) and manner stated. 29b. Signatura and titla of certifian

29d. Data signed (Month, Day, Year) 2110198

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

HURORAST CAMBRIDGE MD 21613 Registrar's Fignatura

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month George Quigley February 12 1998 8:49 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death St. Mary's Hospital Leonardtown St. Mary's 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs.

Months Davs Hours Min. 8. Date of Birth (Month, Day, Yeer) Birthplace (Steta or Foreign Country) 1 M 2 □ F Yrs 78 July 3, 1920 Washington, DC Usual Residence of Deceden 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No St. Mary's Mechanicsville 10f. Zip Coda 10g. Citizen of What Country? 13865 Ryceville ROad 20659 United States 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 Tyes 2 No If Yes, Give Year or Dates: WWII 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 No Spacity: Specify: 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Carpenter construction 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) George Ouigley Winifred O'Rourke 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) Ruby V. Quigley 13865 Ryceville Road, Mechanicsville, MD 20659 Wife 20b. Pleca of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metropolitan Crematory 2/13/98 Alexandria, Virginia 22. Name and Address of Facility Brinsfield Funeral Home, P.A. 23e. Part1. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 22955 Hollywood Road, Leonardtown, MD 20650 Approximete Interval Between Onset and Death ULMONARY CARCINOMA, (R) Due to (or es e consequence of):

Physician /Medicai Examiner

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or Attending Physician: effer death. Director: After this certific

To the Hospital or Atterwithin 24 hours efter dear To the Funeral Director completely filled in by the

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Certification:

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Division of Vital Records, P.O. Box 68760

GEORGE QUIGLEY

Physician

/Medical

Examiner

Funeral

Director

7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Peges 1 and 2 should be filed within 72 hours effer c Deportment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Hen eny Injury or other traumatic event, the Medical Expense

Baltimore, Maryland 21215-0020

the Maryland

death with

5. Social Security Number

10a Steta

Maryland

10e. Street end Number

20e. Method of Disposition

Edward N.

Director

Funeral

P

Completed

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579-14-3386

Examiner Sequantially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Physician/Medical

Immediate Cause (Final disease or condition resulting in death)

23b. Did tobacco uee contribute to the cause of death? 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings eveileble prior to completion of cause of death?

ALL OF AND A

ADVA ADM

						I Yes	Z IEI NO	1 LI Yes	2 14 NO			
25. Was case refer	red to medical	26. Plece of Deeth (Chack only ona)										
examiner? 1 ☐ Yes 2☑	No	Hospital: 1 Inpatient	2 ER/Outpatient	3□ DOA	Home 5 ☐ Residence	ome 5 Residenca 6 □Other (Specify)						
27. Manner of Death 1 ⊠Natural 2 ☐ Accident	5 Pending Investigation	,	28b. Time of Injury	28c.	Injury at Work? 1 ☐ Yes 2 ⊠ No	28d. Describe how injury occurred 2 ☑ No						
3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined		- At home, ferm, stree Spacify) N (A	et, factory, of	ffica	28f. Location (Straa City or Town, S	teta)	r or Rurel Rout	a Num <i>ber</i> ,			
29a. Certifier (Check only	1™ Certifying Ph 2□ Medical Exam	ysician: To the best of n	ny knowledge, death o aminetion and/or Inve	occurred at to	he time, date and place my opinion, deeth occ	a, and due to the caus curred at the time, date	a(s) end man and placa, ar	ner as stated.	ause(s)			

29b. Signeture end title of certifier

29c. License number

29d. Dete signed (Month, Dey, Year)

Robert W. Tursuons

D47825

2-13-98

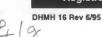
30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

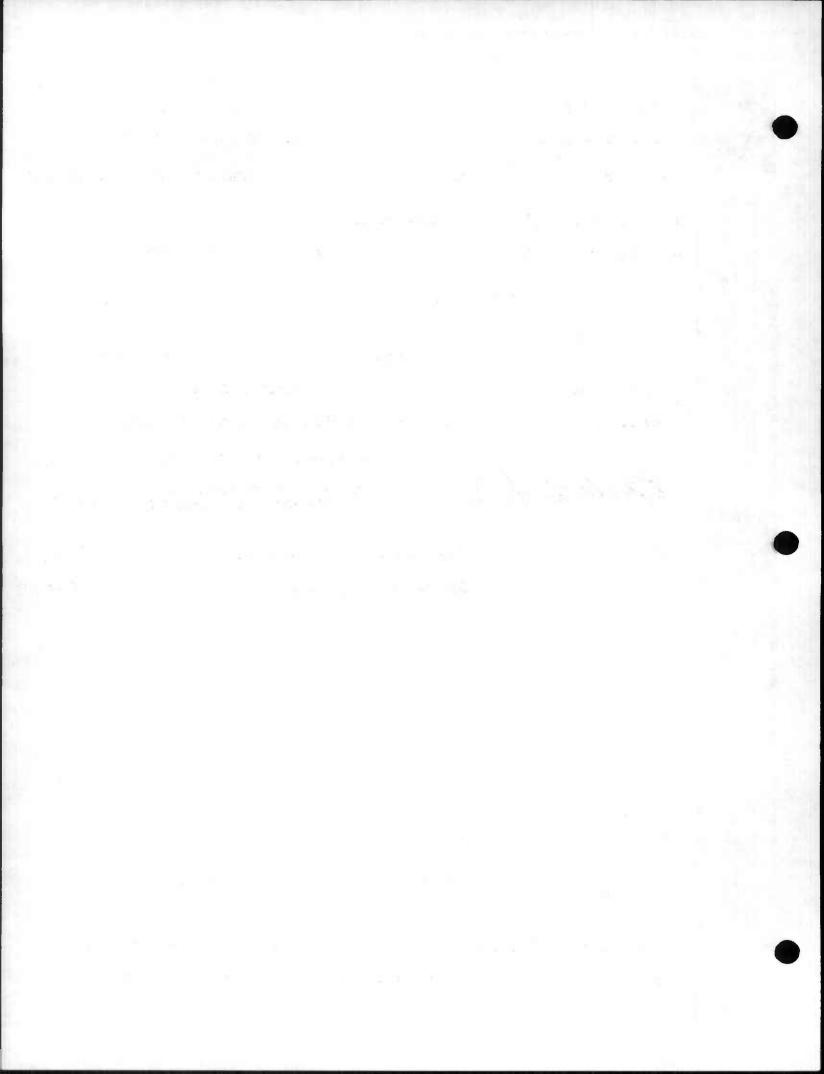
PHILIP J. BEAN MEDICAL CTR. HOLLYWOOD, MD. 20636 ROBERT W. TIMMONS M.D.

Registrar

31. Date filed (Month, Day, Yaar) 32, Registrar's Signature FEB 16 1998 Julik Davidson Rodall

Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.



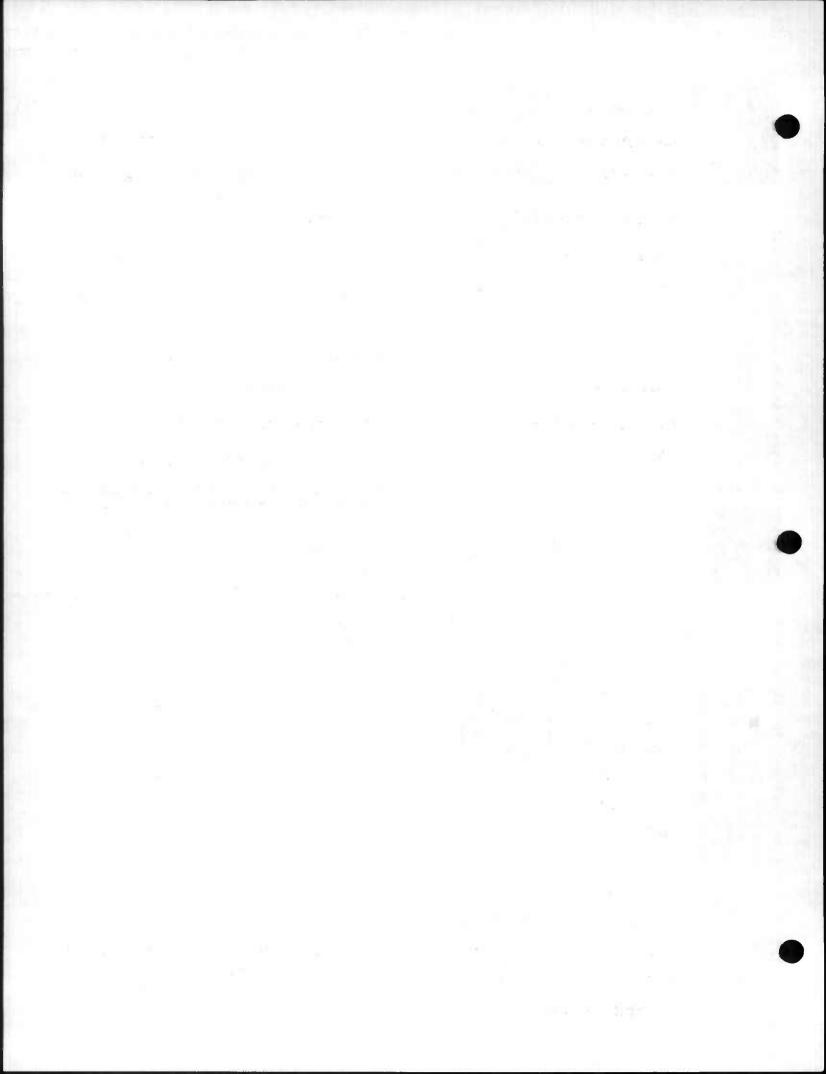


State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death **Physician** Month 12:15 Pm FEB 02 1998 Esta Rishel /Medical 4e. Facility Neme (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Death **Examiner** Goodwill Mennonite Home Garrett Grantsville If Undar 24 Hrs. 8. Dete of Birth (Month, Day, Year) NOV • 15, 1 If Undar 1 Yaar 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF Days Yrs. 1905 West Virginia Director 92 234-60-2807 Usual Residence of Decedant the Meryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinat must be notified at 1 ☐ Yas 2 No Director Grantsville Maryland Garrett 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Funeral 135 Baker Road 21536 USA 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 11. Maritel Status permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiena. If them 27 is marked other than "natural", or ther any injury or other traumatic avains. 1 Naver Marriad 2 Merried 1 Yas 2 No If Yas, Giva X Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Dacedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) Coltega (1-4or 5+) Handicapped Handicapped 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middle, Meiden Surneme) Be 2 Frank Rishell Isabel Wolf 19a. Informant's Name/Ralationship (Type, Print) 19b. Meiting Addrass (Streat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Margaret Durst/Guardian 135 Baker Road, Grantsville, MD 21536 20e. Method of Disposition 20b. Place of Disposition (Name of camatary, crametory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Grantsville Cem., Feb. 4, 1998 Grantsville, MD 21. Signatura of Funaçal Sarvica, Licensaa 22. Nama and Addrass of Facility Newman Funeral Homes, P.A., 179 Miller Street Jerman P. O. Box 275, Grantsville, MD 21536

Photo and a start of the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiec or respiratory arrast, and a start only one ceuse on each line. Approximete Interval Betwaen Onset end Daath **Physician** /Medical Immediata Causa (Final disaesa or condition resulting in death) cul Examiner Dua to (or as a conse Examiner cars ranpr bunal-transit Sequantially list conditions, if eny, laading to immadiate ceusa. Entar Undarlying Cause (Disaasa or trijury thet initiatad avants rasulting in daeth) Lest and Dua to (or s a consequence of): physician s the burial Box 68760 Physician/Medicai Dua lo (o as a consaguenca use Pert tt. Other significant conditions contributing to daath, but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contributa to the cause of death? Records, P.O. been signed by the should be datached 1 Yes 2 No 3 Probably 4 Unknown DAD þ 24b. Ware eutopsy findings evellable prior to Completed 24a. Was an autopsy parformad? on comptation of cause of death? cartificate 1 Yas 21 No 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

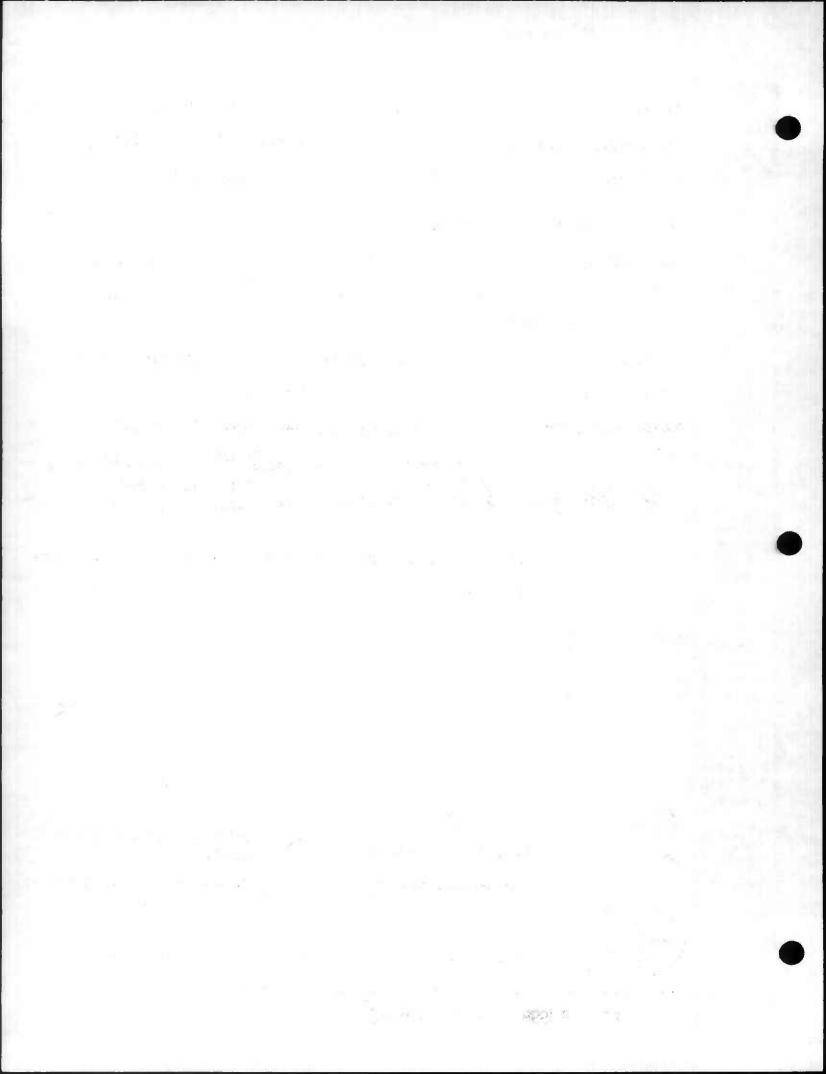
To the Funeral Director; After this cardific 25. Was cesa rafarred to medicet axaminar? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) P 1 Yes 2 DNo 1 Inpatiant 2 ER/Outpetiant 3 DOA funeral 28a. Data of Injury (Month, Day Year) 27. Mannes of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No Investigation 2 Accidant 6 Could not ba datarminad 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 28a. Ptace of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicida edicai 29a, Cartifian 1 Certifying Phyaician: To the best of my knowladga, daath occurred at tha time, date end plece, end dua to the ceusa(s) and mannar as stated. 2 Madical Examinar: On the basis of examinetion end/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) 29c. Licansa number 29b. Signatura and titla of certifing 29d. Data signed (Month, Day, Year) addrass of person who comp eth (Item 23e) (Type, Print)-1266 urantsu'lle 31. Data filad (Month, State Registrar



State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death

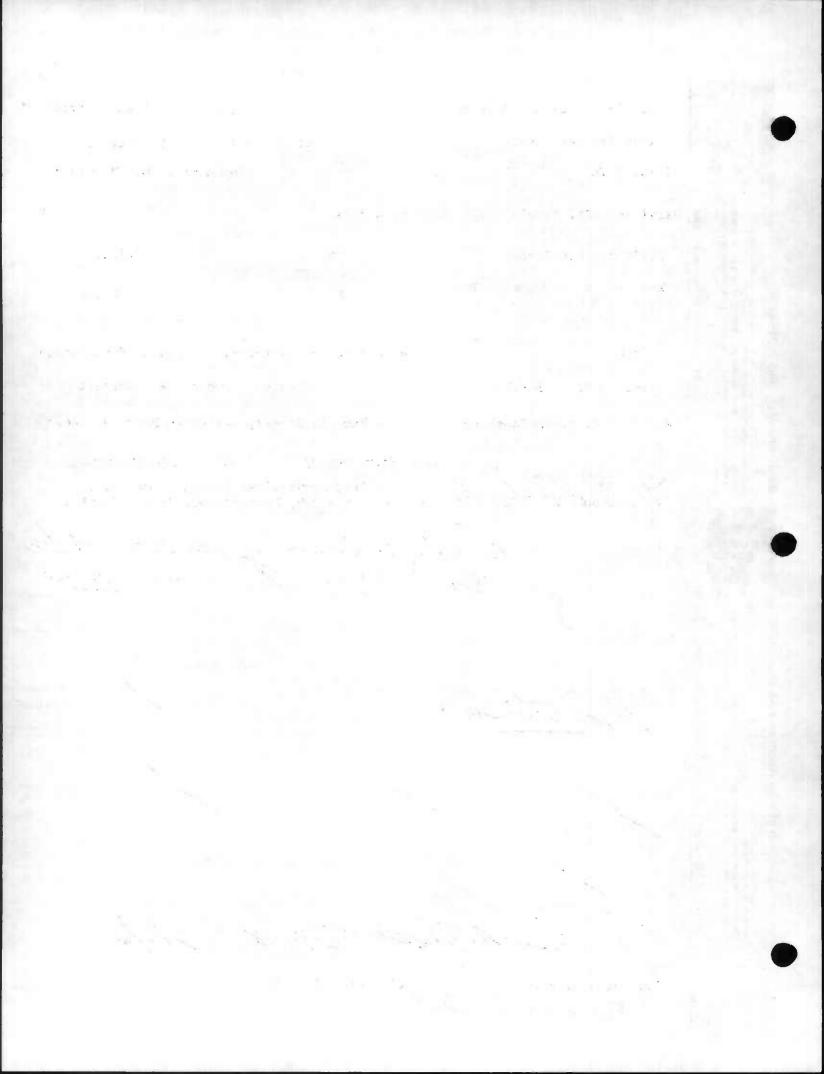
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Exam		4a. Facility Nama (If not institution, gi					4b. City, Town, or Cumbe:			of Deeth	ny
Funera Directo		5. Social Security Number 6. 213–98–6782 Usual Residence of Dacedant	Sax 7. Aga	(In yrs. last birl	Yrs. If Unda Months	r 1 Yaar Days	If Undar 24 Hrs Hours Min	. (Month, D	rth ay, Yaar) 18,1973		aca (Stata or Forai ry) yland
faryland ahow	5	10a. Stata 10b. County	1	IOc. City, Town	or Location					10	0d. Insida City Limi
28a-	Director	WV Mineral 10a. Street and Number		Keyser	101 7	. 0. 1.			40. 000 . 111		41
be filed within 72 hours efter death with the Maryland ital Hygiene. Id other than "naturel", or items 23a or 28a-f show event, it a Macing Evamine must be not ited.	by Funerai	Rt. 4 Box 142 A 11. Maritel Status 1 Never Marriad 2 Married 3 Widowed 4 Divorced	12. Wes Decadant Ev Armed Forcas? 1 Yes 2 Wo If Yas, Giva Yaar or Datas:		26	cify Cub	Hispenic Origin? (San, Maxican, Puer Specify:	Specify Yes or No to Rican, atc.)		d Sta - Amarica k, Whita, a	ates an Indian, No.
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St Regist	ate	Paul Snow, M. I 31. Data iilad (Month, Day, Year)		3rd s		erl	and_Mar	yland			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month Year **Physician** Nellie Ellen 10:05 AM Scriber February 1 1998 /Medical 4c. County of Death 4a Facility Name (If not Institution, give street end number) 4b. City. Town, or Location of Deeth. Examiner 21706 Hancock Street Lexington Park St. Mary's Birthplace (State or Foreign Country) If Under 1 Year If Under 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Days Months Yrs. 218-52-7776 50 September 3, 1947 Director Maryland Usual Residence of Decedent with the Meryland 10b. County 10c. City, Town or Location 10d. Inside City Limits **ehow** r than "naturel", or items 23a or 28a-f ehor St. Mary's 1 Yes 2K No Maryland Lexington Park Director 10f Zip Code 10e Street and Number 10g. Citizen of What Country? 20653 21706 Hancock Street U.S.A. Funeral 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) filed within 72 hours efter Yes 2XNo 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. Eiementary/Secondary (0-12) College (1-4or 5+) 12th Board of Education Administrative Secretary 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Father's Name (First, Middle, Last) Peges 1 end 2 should be fill ment of Health end Mental H Be Lo James M. Scriber Louise Josephine Herbert 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 21706 Hancock Street, Lexington Park, MD 20653 Patricia A. Moore/Daughter 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 0 1 Burial 2 ☐ Cremetion 3 ☐ Removal trom State Department of 4 ☐ Donetion 5 ☐ Other (Specify) 2/6/98 Sacred Heart Cemetery Bushwood, Maryland 21. Signature of Funeral Service Licen 22. Name and Address of Fecility Mattingley-Gardiner Funeral Home, P.A. 23a. Pent. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approxim Approximate Interval Between **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner word フか Examiner physician end s the buriel-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): certificate be exec Box 68760. Physician/Medical Due to (or es e consequence of): 80 use 0 23b. Did tobacco use contribute to the cause of death? Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. P.O. à 1 Yes 2 No 3 Probably 4 Unknown insion signed b Division of Vital Records, 2 24b. Were autopsy tindings evelleble prior to 24a. Was an autopsy performed? Completed peeu completion of cause of death? page 2 has 1 ☐ Yes 2 INo 1 ☐ Yes 2 ☐ No 25. Was cese reterred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 DOA this 28a, Date of Injury (Month, Day Year) unerel 28d. Describe how Injury occurred 28c. Injury at Work? 27. Manner of Death 28b. Time of Certification: After t or Attending 1 Natural 5 Pending investigation efter death. Director: Aft 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) à 4 Homlcide Hospital 24 hours 29a. Certifier 1 Certifying Physician: To the best ot my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical iner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. within 2 To the 29b. Signature and title of certifie 29d. Date Igned Month, Dey, Yeer) vey / 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Hollywood, MD 20636 David M. Federle 32 Registrar's Stanature 31. Dete tiled (Month, Day, Year)
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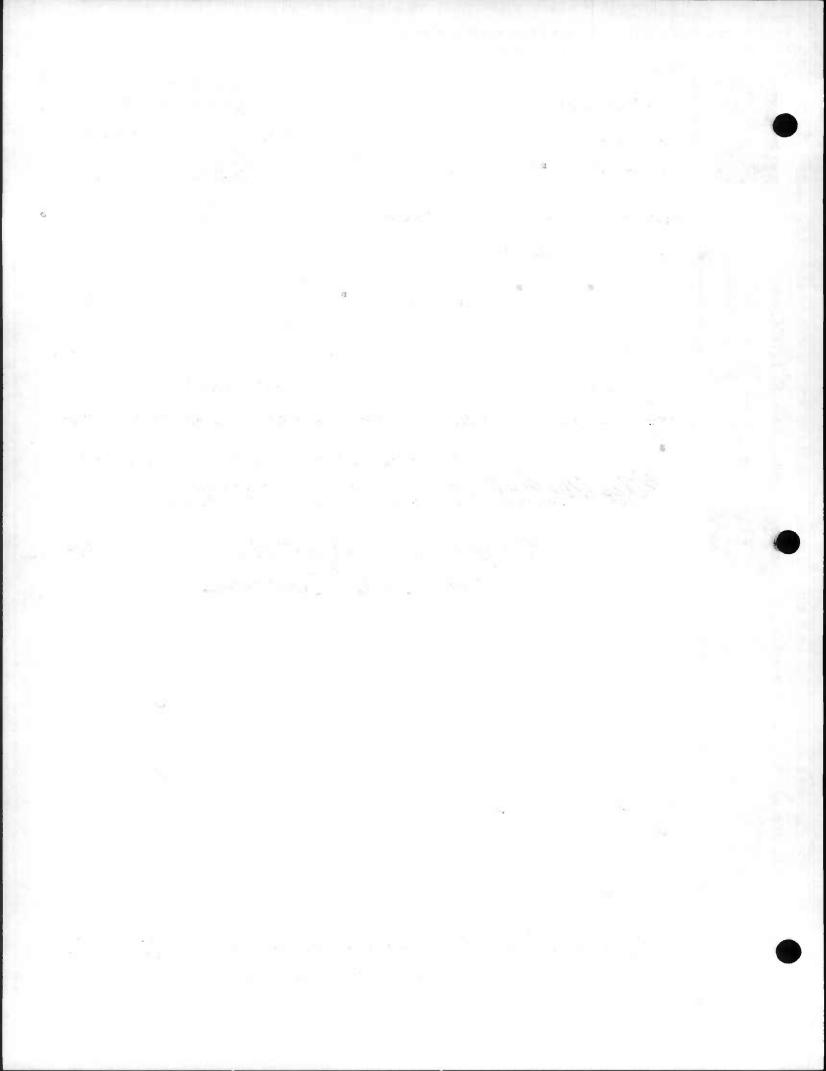
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State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death

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State of Maryland / Department of Health and Mental Hygiene 🔾 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth February **Physician** 1998 Henrietta Dols Smith 4:15 AM /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** St. Mary's Hospital Leonardtown St. Mary's If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Sociei Security Number 7. Age (In vrs. lest birthdev) 9. Birthpiece (Stete or Foreign **Funeral** Months Deys 578-40-6790 83 Minnesota Director Usuel Residence of Decedent with the Maryland 10b. County 10c, City. Town or Location r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at 10d. Inside City Limits Director 1 ☐ Yes 2 ■ No Maryland St. Mary's Chaptico 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 36056 Old Chaptico Wharf Road 20621 United States daath Funeral or items 14. Race - American Indien Bieck, White, etc. 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 72 hours aftar 1 ☐ Yes 2 ■ No If Yes, Give 1 ☐ Never Married 2 ☐ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ■ No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education
(Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker N/A permit. Pages 1 and 2 should be filk Department of Health and Mantal Hy Important: If them 27 is marked other any Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Leonard Dols Josephine Meuleners 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Michael W. Smith Son 36056 Old Chaptico Wharf ROad, Chaptico, MD 20621 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ■ Buriel 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) St. Mary's Cemetery 2/16/98 Barnesville, Maryland of Suneral Service 22. Name end Address of Fecility
Brinsfield Funeral Home, P.A. rd N. Brinsfield, Jr. dward M00052 22955 Hollywood Road, Leonardtown, MD 20650 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart teilure. List only one cause on each line. Approximate fntervel Betw Onset end Deeth **Physician** myocardial infarction

Due to (or es e consequence of):

Corona, acten disease /Medical Immediate Cause (Final < I hour diseese or condition resulting in death) Examiner cartificate be axecuted **burial-transit** Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest and P.O. Box 68760. physician Physician/Medical tha Due to (or es e consequence of) 88 attending usa The law requires that the death Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? signed by the peripheral vascular disease 3 Probably 4 ☐ Unknown 1 ☐ Yes 2 ☐ No Records, þ 90 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? peen malnutition Congestine heart failure

25. Wes case referred to medical exeminer? hes la 2 paga 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attanding Physician: 24 hours after daeth. director, Be 26. Place of Death (Check only one) Hospitai: 1 ponpatient 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2₩No 28e. Dete of Injury (Month, Day Year) Medical Certification: 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Aftar 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No Director: A 2 Accident 3 Suicide 6 Could not be determined within 24 hours after de To the Funeral Directo completely filled in by ti 28e. Piece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end manner stated. 8 29b. Signature and ∮itle of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D54333 d cause of deeth (Item 23e) (Type, Print)

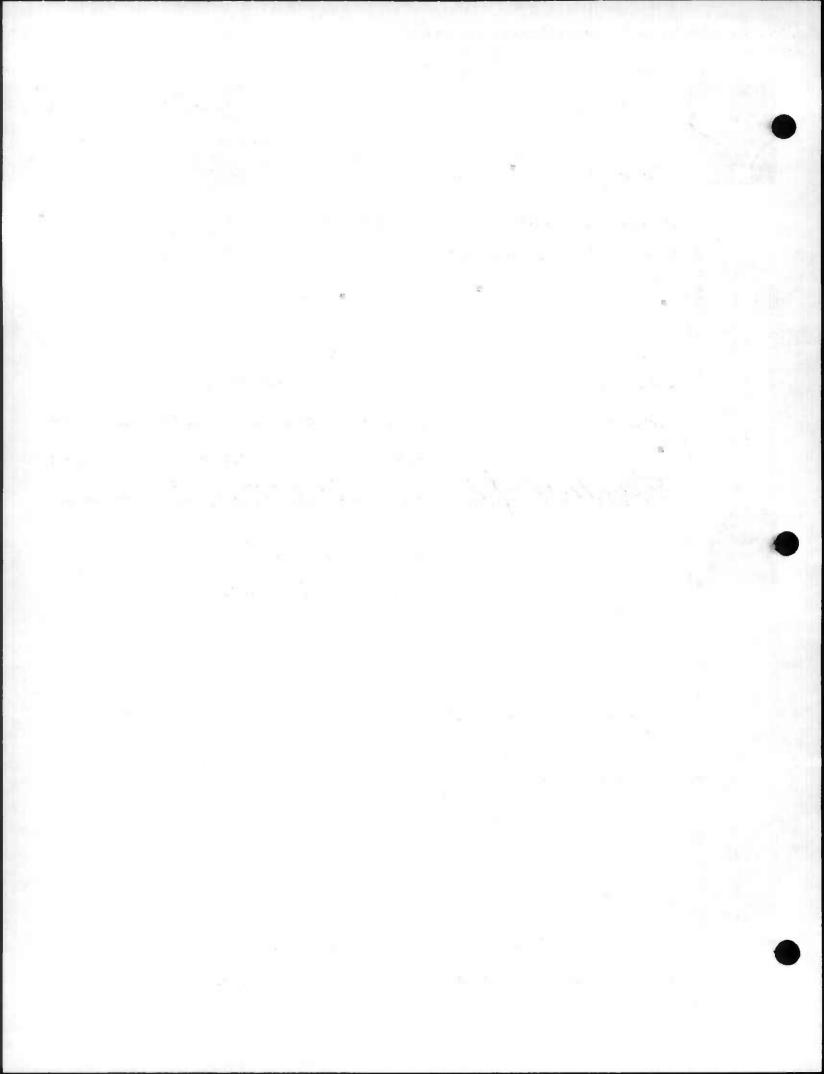
PHILIP J. BEAN MEDICAL CTR. HOLLYWOOD, MD. 20636

32. Begistrers Signeture

DHMH 16 Rev 6/95

State Registrar KELLY FRITZ M.D.

HENRIETTA SMITH



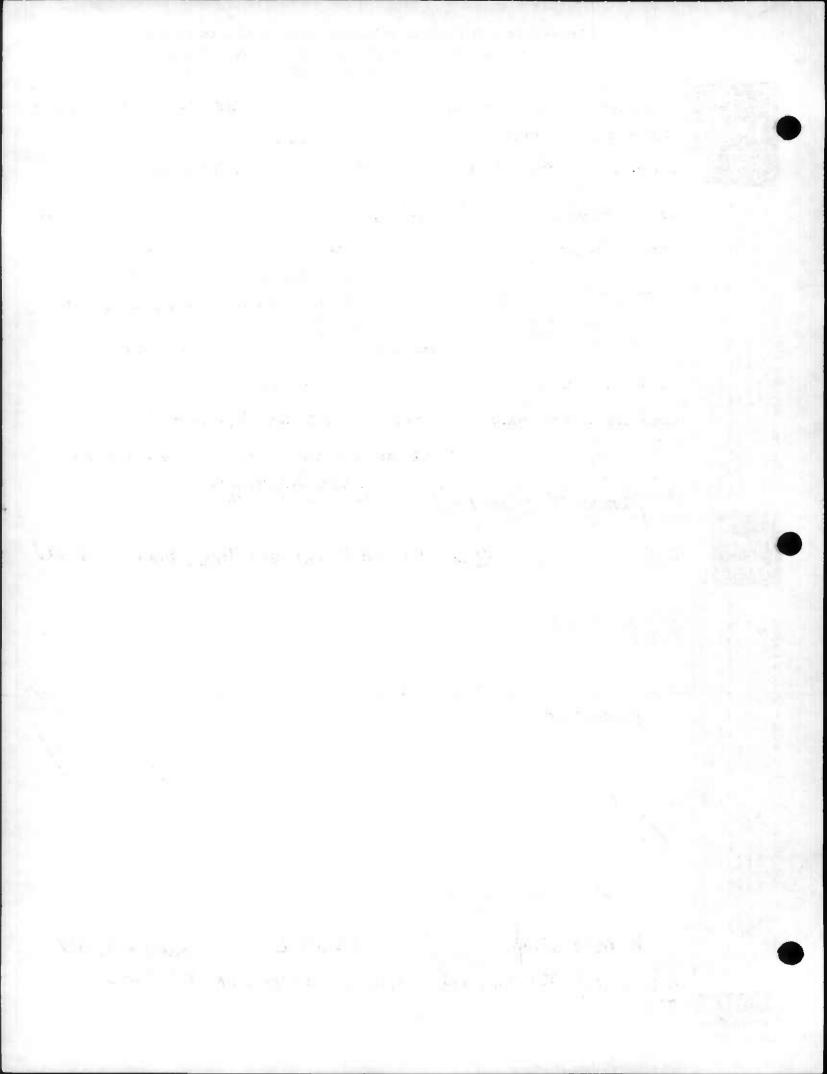
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** FEBRUARY 5 1998 **JOSEPH** SHEPHERD 12:25 AM /Medical 4a. Facility Name (If not institution, give street and number)
Sacred Heart Hospital 4b. City, Town, or Location of Death 4c. County of Daath Examiner Cumberland Allegany 6. Sex 1 M 2 F 7. Age (In yrs. last birthday) 81 Yrs. If Undar 1 Yaar If Under 24 Hrs.

Months Days Hours Min. 8. Data of Birth Month, Day Year 1917 5. Social Security Number 214-07-2441 9. Birthplaca (Stete or Foreign **Funeral** Days Months Director Usuei Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "naturel", or items 23a or 28a-f sho other traumatic event, the Madical Examiner must be notified at WV Mineral Ridgeley 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? Route 1 Box 515 26753 USA permit. Pages 1 and 2 should be filed within 72 hours after deeth v
Department of Health and Mental Hygiene, returned to Health and Mental Hygiene, returned, or ferme 23a
eny Injury or other traumatic event, the Medical Environmental once. Funeral 12. Was Decedent Ever in U,S. Armad Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indien, Biack, Whita, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No p Specify. white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) retired Railroad 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maldan Sumeme) Joseph C. Shepherd Ethel M. Shaffer 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catherine Shepherd-wife Route 1 Box 515; Ridgeley, WV 26753 20b. Place of Disposition (Name of cematary, cremetory or other place)
Sunset Memorial Park 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cramation 3 ☐ Removal from Stete 20c. Location - City or Town, State 02/08 Cumberland, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility Scarpelli Funeral Home, P.A. 21. Signatura of Funerai Service Licenses Cumberland, MD 21502 Enter the disease, or complications that causes the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart feiture. List only one cause on each june. **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) nal cell CA & mutastatic lane duran bweeke Examiner Physician/Medical Examine attending physician end for use as the burial-transit certificata be axecuted Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? Division of VItal Records, P.O. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Proxiate CA þ 24b. Were eutopsy findings available prior to completion of ceusa of death? Completed 24a. Was en eutopsy hes 1 □ Yes 2 No 1 🗆 Yes 271 No Be 25. Was case referred to medice examiner? 28. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medicai Certification: To 1 Yes 2 No 1/1 Inpatient 2 ER/Outpatient 3 DOA this within 24 hours after death.

To the Funeral Director: After this completely filled in by the funeral 27. Manner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred To the Hospital or Attending 5 Pending investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 ☐ Accident 3 ☐ Suicide 6 ☐ Could not be 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1/2 Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceusa(s) and manner as stated.
2 Medical Examiner: On the bests of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29b. Signature end title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) n. m. cullin 12 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

N. M. CULLUM 921 July Drive But TUS grute C sum 32. Registrar's Signature Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State of M	arylanu /	Certificate of			ierie 9 8	05	061
		п	1. Decedent's Neme (First, Middle, Li	ast)				2. Dete of Deet	h		3. Time of Deeth
	Physici /Medi		MARY MYRTL	E SMITH				Month FEB (Dey Y	reer 8	09:59
	Examir		4e. Fecility Neme (If not institution, gi				4b. City, Town, or Lo		4c. County of		07.57
			SACRED HEART HO	SPITAL			CUMBERLAN	ND	ALLEGA	NY	
	Funeral				ge (In yrs. lest b	irthdey) If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Dey,	Year) 9	9. Birthplece	e (Stete or Foreign
1	Director		213 22 3409	1 DM 20 F	78 ·	Yrs.	110013	MARCH 1		OHIO	
	pu k		Usuel Residence of Decedent 10a. Stete 10b. County		10c City To	wn or Location				104	Inside City Limits
	aho a a	5	MARYLAND ALLEGAN	Y		ROSTBURG					1 ☐ Yes 2 ☑ No
	ours after death with the Menylen et', or items 23e or 28e-f show Examiner must be notified at	Directo	10e. Street and Number			10f. Zip Code		14/	Og. Citizen of Wh		
	with or	급		OAD GH						et Country?	
	aath ne 23	Funeral	18703 SMITTY'S R	12. Wes Decedent	Ever in U.S.	21532 13. Wes Decedent of F		ecify Yes or No-	U.S.	American I	Indian
	tar d fter	Fu	1 ☐ Never Merried 2 ☐ Merried	Armed Forces		If Yes, specify Cubi	an, Mexican, Puerto	Rican, etc.)		White, etc.	
020	of, or	by	3 √Widowed 4 □ Divorced	If Yes, Give Yeer or Detes:		1 ☐ Yes 2 ☐XNo	Specify:		Specify:	WHITE	,
21215-0020	n 72 hours "naturel",		15. Decedent's E	ducation	16	a. Decedent's Usuel Occup	pation		16b. Kind of Busin		
218	hin 7	Completed	(Specify only highest gr Elementery/Secondery (0-12)	ede completed) College (1-4or	5+)	(Give kind of work done lite. DO NOT use retired	dunng most of work d)	ing			
	or the	COL	6			HOUSEWIFE			OWN HOM	Œ	
nd	ould be filed within 72 hours after daath with the Meryland Mental Hyglana. arked other than "naturel", or Nems 23a or 28a-f show atte event, the Medical Examinar must be notified at	Be	17. Fether's Neme (First, Middle, Las.	0			18. Mother's Nemo	e (First, Middle, N	feiden Surneme)		
ya	2 should be filed within and Mental Hygiana. Is marked other than summitic event, the M	To	JOHN WARE					BENNET'			
Maryland	2 4 4 5		19e. Informent's Neme/Retetionship		1	b. Mailing Address (Street				tate, Zip Cod	de)
	1 and Haalth em 27		HARRY SMITH / SO 20e. Method of Disposition	IN .		3 BUCHANNON of Disposition (Name of	AVE., Lav		ZIDUZ 20c. Location - Ci	he as Taura	Chata
٥			1 ☐ Burial 2 ☐ Cremetion 3 [cemet	ery, cremetory or other ple			zoc. Location - Ci	ity of Town,	Stete
Baltimore,	permit. Pagas 1 and Department of Haalth Important: If Item 27 any Injury or other tr once.		4 □ Donetion 5 □ Other (Special Signature of Funerel Service Lice		THE C	UMBERLAND CF 22. Name end Addre		2/7/98 0	CUMBERLA	ND, M	D 21502
B	permit. Paga Department of Important: If any Injury or once.		Maria Salvas da	m./		SOWERS FUN		E, P.A.			
			23a. Pert1. Enter the disease, or con	11, X101	vers	60 W. MAIN	ST., FRO	STBURG,	MD 2153		
	Dhusisian	0 1	shock, or heart feilure. List only	one cause on each li	ne.	That enter the mode or dyn	ig, such es cardiac e	or respiretory erre	951,	Inte	proximete erval Between aset end Deeth
	Physician / /Medical		Immediete Cause (Finel	(3		March &					
	Examiner		diseese or condition resulting in deeth)	· Cons	Due to (or es	consequence of):	argure			5	years
	5 2	ner		Cma	nary	atherns	Allhas.			Lin	2
	ficate be axecuted physician and is the bunal-transit	Examiner	Sequentially list conditions,	ь		consequence of):	SCOOLS			10	ryco.
0	e axe ian a urial-		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events							1	
68760,	the b	edicai	thet Initieted events resulting In death) Lsst	C	Due to (or es e	consequence of):				t	
	75 D 41		L L	d.						t	
Вох	hat tha daath certif ed by tha attending detached for usa a	Physician/M								į.	
Ö	tha da	ysic	Pert tt. Other significant conditions of	contributing to death b	ut not resulting	In the underlying cause give	en in Pert t.	23b. Did to	bacco use contr	ibute to the	e cause of death?
P.0	iaw requires that the death cert as been signed by the attending t 2 should be detached for use a		Chronic Oly	structive	, Puls	nonau R	Locase	1 <u>₹</u> Ye	s 2□No 3	□ Probabl	ly 4□Unknown
ds,	sign of be	d by				8		24a. Wss sr	sutonsy	24b. Were s	sutopsy findings
of Vital Record	v requir been s should	Completed	Hyperlipide	mia,	- De	pertension	\mathcal{L}	perform		evsilat	ble prior to etion of cause
Re	8 F 8	ф	0	1	0	. () 1.	1 D V	s 2 No	of deel	
ta	ician: The cartificata rector, pag	0	25. Wes case referred to medical	aucula	L NU	lease, E	28. Piace of Deet	Lite 1 Ye	X	, , ,	es 2 No
>	Physician: this cartific ral director,	To B	exeminer? 1 ☐ Yes 2 ☒ No	Hospital:	ent 2□ FR/C	outpetient 3 DOA Oth	er	me 5 Reside		(Specify)	
			27. Menner of Deeth	28a. Dete of Inju	ry 28b.	Time of 28c. injur		28d. Describe ho			
io	Attending Fire daath. ector: After by the funar	atio	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigetion		y rear/		Yes 2□No				
Division	or Attendi	Certification:	3 Suicide 6 Could not be determined	Zoe. Place of inj	ury - At home, to. (Specify)	erm, street, fectory, office		28f. Location (Str City or Town		or Rurel Ro	oute Number,
	tal or al Dir led in	Ce		31					,,		
	4 hour	edicai	(Check only 2 Medical Example 12	nystolen: To the best miner: On the basis of	of my knowledg f exemination a	e, deeth occurred et the tir nd/or Investigetion, in my o	me, dete end plece,	end due to the cs	use(s) and mennate end plece, end	ner es steted	d. e cause(s)
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in b	Med	one) 29b. Signeture end title of ceptifier,	end menner st		29c. Licens			d. Dete signed (``
	5. <u>₹</u> 5.8		and the of comment	C 11	, A	10 1/4	464		EBRUARY	6 19	198
	7		20. Name and address of a second	- Junior	leath //	TW D'T	70/	r I	LORUAKI	0, 10	0
	mes		30. Name and eddress of person who S. L. SANDHIR,	M.D., 48	TARN TE	RRACE, FROST	BURG, MD	21532			
	Sta	te	31. Dete filed (Month, Day, Year)	Transport of the Control of the Cont	ar's Signature						
	Registr		FEB 1 0 199	B Samonton	of the second	that					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

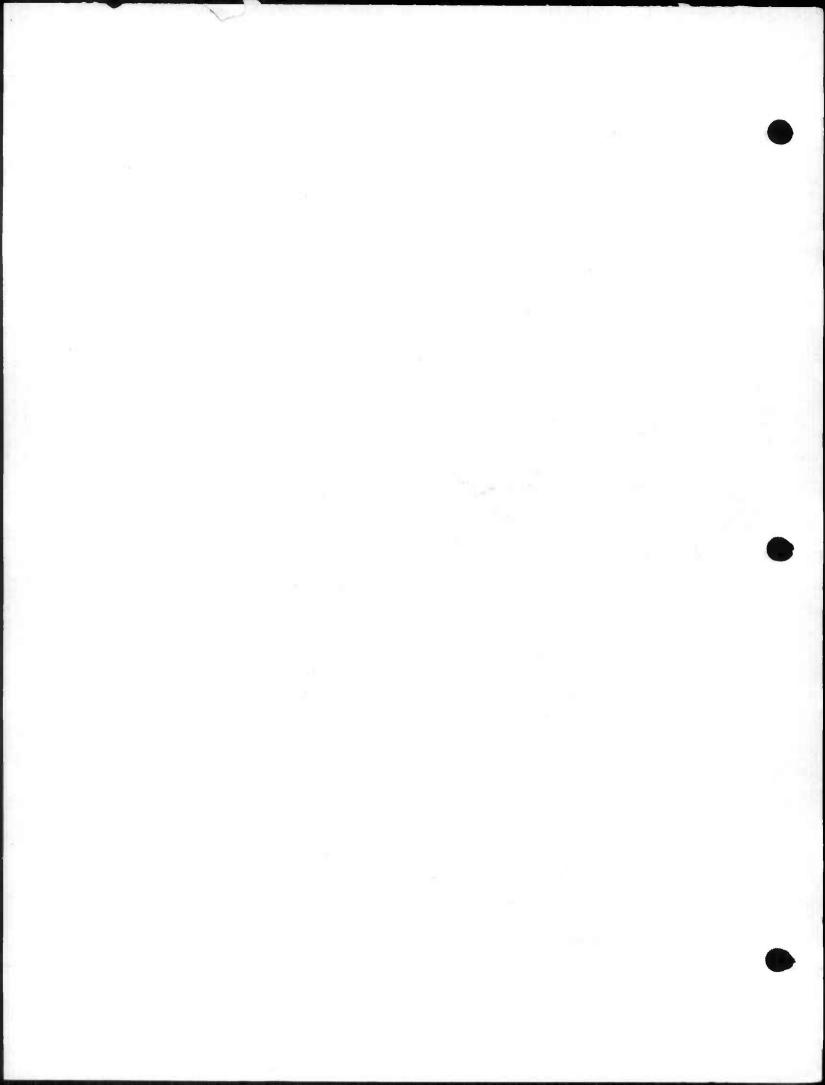
Mes

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 74 hours after death. Page 6 may be retained by the hospital or attending physician.

(1) THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

•	1 - FOR STATE OF MARYLAND C		T OF HEALTH AND I	MENTAL HYGIEN	E	
	t. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH		3. TIME OF DEATH
	Geraldine M. Sigler			February		8 2:47 AM
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. la		R 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
ĺ	220-10-0284 ¹□M²ဩF 81	YRS. MONTHS	DAYS HOURS MIN.	07/29/19	16 Ma	ryland
	9a. FACILITY NAME (If not institution, give street and number)	9b. CIT	Y, TOWN OR LOCATION OF DE		9c. COUNTY OF	
6	Clearview Nursing Home		Hagerstown		Washi	ngton
ច្ច	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY
DIRECTOR	Maryland Alleghany	Lonac	oning			LIMITS? X YES 2 NO
A I	10e. STREET AND NUMBER		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	15411 Old Coney Cemetery Ro	ad	21539		U.S.	Α.
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	RMED 13.	WAS DECENDENT OF HISPAN If yea, specify Cuben, Mexica		or No- 14. RA	CE — American Indian, ck, White, atc.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced 1 PORCES 1 YES 2 1		1 YES 2 NO Specify		Spe	white
	15. DECEDENT'S EDUCATION 16e. D	ECEDENT'S USUAL (OCCUPATION	16b. KIND OF BUS	I SINESS/INDUSTRY	
	(Specify only highest grade completed) ((Elementary/Secondary (0-12) College (1-4 or 5+)	Give kind of work done e. Do NOT use retired.)	during most of working			
릴		omemake	c	Homema	ker	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	De la Company de		ME (First, Middle, Maiden		
BE (Jesse Warnick			cence Bit		
2			SS (Street and Number or Rural I			21740
-	Kenneth Sigler	18109 SI	kyview Lane			
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremetton 3 Removal from State 20b. PLACE cempletry. or 1 Tro	rematory or other place	Memorial	1 1	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	22	NAME AND ADDRESS OF FA	CILITY		,Maryland
	John K. Kurst		Durst Fune			21532
	23. PART ⁵ I. Enter the diseases, or complications that caused the d	leath Do not ente	57 Frost A	lve. Fros	tburg,	Maryland
	shock, or heart fallure. List only one cause on each ilr	le.	the mode of dying, suc	in an earthee or reap	matory arrest,	interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	11. 1	Tailine			i des
	resulting in death) DUE TO (OR AS A CONS	EQUENCE OF):	action _			coury
Z	Sequentially list conditions,	who fly	of some	-		year
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	EOUENCE OF)				
윤	CAUSE (Disease or injury	EOUENCE OF:				
	that initiated eventa resulting in death) LAST					
	G.					
SAL	PART II. Other algorificant conditions contributing to death but not fine with fine of the second section of the second s	resulting in the u	inderlying cause given in	Part i 24a. WAS AN PERFOR		No. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ă	1. 12 11 6 111/2 1	garges	117	1 TYES 2	110	OF DEATH?
Σ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DE	ATH YES	NO UNCERTAIL	N. CL		1 NES 2 NO
NA N		ACE OF DEATH (Check				
PHYSICIAN: MEDIC	EXAMINER? 1 YES 2 MO HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 □ DOA 4 ₽ NO	R: Iraing Home 5 - Realdence	8 Other (Specify)		
둦	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	26d. DESCRIBE HOW I	NJURY OCCURED	
BYF	1. Natural 5 Pending 2 Accident Investigation	M	1 YES 2 NO			
	3 Suicide 6 Could not be 28a. PLACE OF INJURY — At 1 building, atc. (Specify)	nome, farm, atreet, fa	ctory, office	2at. LOCATION (Street of City or Town, State)		I Route Number,
	4 Homicide determined					
린	29a. CERTIFIER (Check only one)					
COMPLET	MEDICAL EXAMINER: On the beels of exemination and/o	r Investigation, in my	opinion, death occured at the	time, data and place, an	nd due to the cause	e(a) and manner as stated.
BE	299. SIGNATURE AND TITLE OF CERTIFIER	1	29c. LICENSE NUI	MBEN	29d. DATE SIGN	ED (Moret), Day, Meer)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT	EM 27) /Tone Proce	11 078	7	2/6	118
		STOCK A MANAGEMENT OF ANY	no Dd II	omata	Mo 1	-1 017/0
	31. DATE FILED (Month, Day, Year) 32. REDISTRAR'S SIGNATURE	ALL. AEL	na Rd.,Hag	erstown.	narylai	10 21/40
	FEB 1 0 1998	4				
						DHMH-16 Rev 1/89



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month **Physician** 1745 31, 1998 January Todd Patterson Thompson /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hollywood 42537 Kenneth Court St. Mary's If Under 24 Hrs. If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year, Birthplace (Stata or Foraign Country) Funeral Days 1 M 2 F Months Hours January 6, 1950 Director 48 Georgia 448-54-6700 Usual Residence of Decedant Pages 1 and 2 should be filed within 72 hours after death with the Marylend nent of Health and Mental Hygiene. net of Health and Mental Hygiene. nt: if Item 27 is marked other than "natural", or items 23s or 28s-f show 10e. Stete 10c. City, Town or Location 10d. Inside City Limits 10b. County "natural", or items 23a or 28a-f show odical Examiner must be notified at 1 ☐ Yas 2 ■ No Director Maryland St. Mary's Hollywood 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 20636 42537 Kenneth Court United States Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Maxican, Puarto Rican, etc.) 1 ■ Yas 2 □ No
If Yes, Giva
Year or Detes: 1972–1990 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ■ No Specify: Specify by 3 ☐ Widowed 4 ☐ Divorced White th and Mental Hygiene.
7 Is marked other than "natur traumatic evant, tra Medical Completed 16a. Decedent's Usual Occupation (Giva kind of work done duning most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada complated) Elementary/Secondary (0-12) College (1-4or 5+) Noncommissioned Officer Defense 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Helen Patterson Robert Thompson 19b. Mailing Addrass (Street and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) 19a. Informant's Nama/Ralationship (Type, Pnint) Wife 21693 Great Mills Lane, Lexington Park, MD 20653 Shirley A. Thompson, item 2. 20b. Placa of Disposition (Nama of cemetery, crematory or other placa) Important: If ite any injury or oth 20e. Mathod of Disposition Deta 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify, 2/3/98 Evergreen Memorial Cardens California, Maryland permit. P unaral Sol 22. Nama and Addrass of Facility Brinsfield Funeral Home, P.A. Edward N. Brinsfild, Jr. M00052 22955 Hollywood Road, Leonardtown, 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Batwaan Onsat end Daath **Physician** /Medical tmmediata Causa (Final disaesa or condition rasulting in daath) Examiner Due to a consequance of) Examiner and I-transit ohses the death certificate be executed Sequentially list conditions, if eny, laeding to immadiata ceusa. Entar Undarfying Causa (Disaasa or injury that initiated avants rasulting in daeth) Lest Dua to (or as a consequence of): physicien a P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): 98 USB ō signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 10 The law requires that Division of Vital Records, g 24b. Wera autopsy findings availabla prior to complation of ceusa of death? should t 24a. Was an autopsy performad? Completed certificate has b 2 NO 200 Physician: 25. Wes casa refarred to medical Be 26. Placa of Death (Check only ona) To Other: 4 Nursing Home 5 Residence 6 Other (Specify) I Vas 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 DOA this funerel Manner of Deeth 28d. Describe how Injury occurred 28a. Data of Injury (Month, Day Year) 27. 28b. Tima of 28c. Injury at Certification: After Attending Matural 5 Panding Investigation death. 1 Tas 2 No 2 Accident ector: 6 Could not ba 3 ☐ Suicide 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 6 efter 4 Homicide 6 Dia Hospital 24 hours 29a. Cartifia 1 Cartifying Physician: To the best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as statad.

To the basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, and dua to tha causa(s) edicai To the Hosp within 24 ho To the Fune completely fi (Check only 29b. Signature and title of all filler 29d. Data signed (Month, Day, Year) 29c. Licansa number 30. Name and addrass of p mo completed cause of death (Item 23a) (Type, Print)

2050 Wildewood Court, California, Maryland 20619

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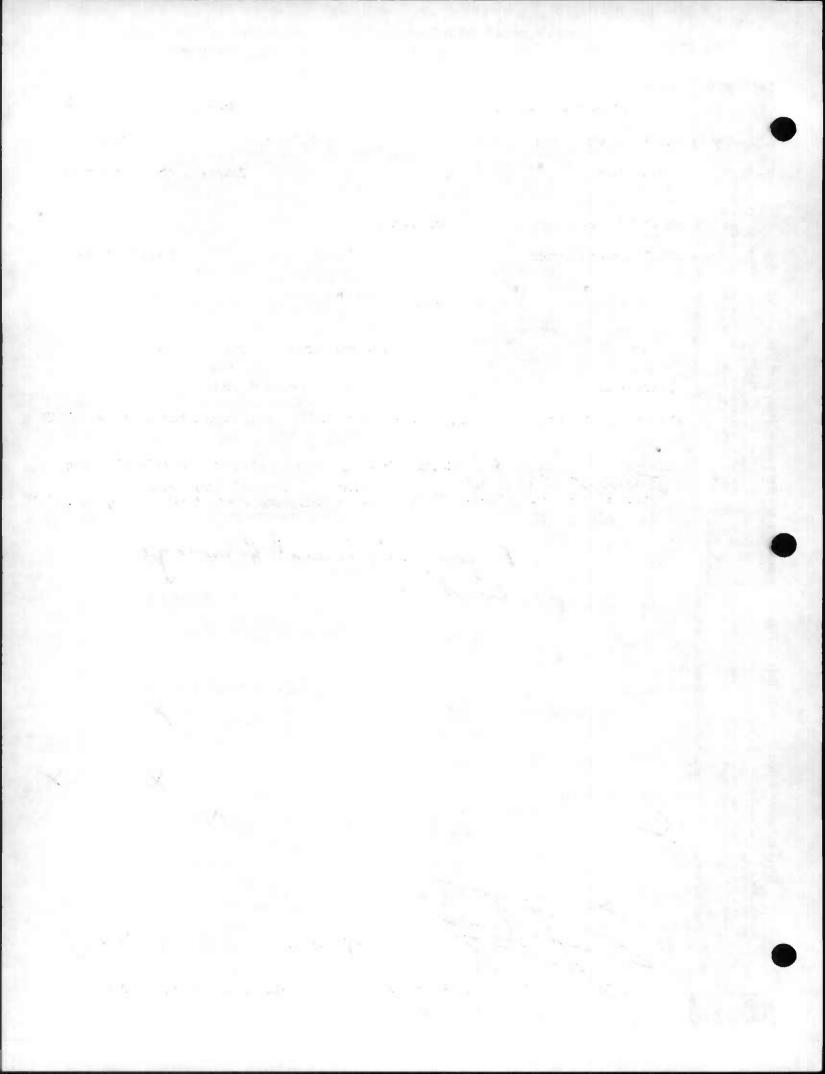
State

Registrar

James C Boyd, 31. Data filad (Month, Day, Year) M.D

32. Registrar's Signatura

1 Davilson Randa



State of Maryland / Department of Health and Mental Hygiene () Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Wallace Leonard McGregor /Medical February 01,1998 8:25a.m. 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** St. Mary's Hospital Leonardtown St. Mary's 5. Social Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 8. Date of Birth (Month, Dev. Year) 1 X M 2 ☐ F Months Deys Hours Yrs. Director 216-12-4000 78 Maryland March 2, 1919 Usuel Residence of Decedent the Maryland 10a. Stete 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City, Town or Location 10d. inside City Limits Maryland St. Mary's Director Charlotte Hall 1 ☐ Yes 2 X No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 30310 Pine Street death v 20622 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 □XYes 2 □ No If Yes, Give Yeer or Dates: Wes Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Maritel Stetus filed within 72 hours after 1 Never Merried 2 Married 21215-0020 1 ☐ Yes 2 No Specify: Be Completed by 3 Widowed 4 Divorced Specify: White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry pernit. Pages 1 and 2 should be filed withir Department of Health and Mantal Hygiene. Important: If item 27 Is marked other than any injury or other traumetic event, I'm Me Elementery/Secondary (0-12) College (1-4or 5+) 12th Payroll Inspector U.S. Government Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) William Biscoe Wallace Sr. Charlotte Ledlev 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Virginia Mae Wallace/Wife P.O.Box 483, Charlotte Hall, MD 20622 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 △Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Zion Un.Methodist Cemetery 2/4/1998 Mechanicsville, MD 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility
Mattingley-Gardiner Funeral Home, P.A. renae iner P.O.Box 270, Leonardtown, MD 20650 23e. Pert1. Enter the disease, or complication, thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart fellure. List only one cause on each line. Approximete Intervel Betw **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) **Examiner** (or as a consequence of) Physician/Medical Examiner rumo siclan and burial-transit The law requires that the death certificata be axecuted Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initieted events resulting in deeth) Lest Due to (or as a consequence of): P.O. Box 68760, the Due to (or as a consequence of): for use as 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 ☐ Unknown sign. λq Be Completed 24a. Was an autopey performed? 24b. Were autopsy findings available prior to evaluable prior to completion of cause of death? page 5 Vital t□ Yes 2□ No 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Was case referred in malical filled in by the funeral director, 26. Place of Death (Check only one) Hospital: 1 [Tinpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 No Certification: To 1 🗆 Yes 2 ER/Outpetient 3 DOA to After this 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Division 1 Naturel 5 Pending Investigation after death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) To the Hospital or Att within 24 hours after d To the Funeral Direct 4 Homicide Medicai 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted. completely 2 Medical Examiner: On the basis of examination end/or Investigation, In my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature end title of certif 29d, Date sigged (Mghth, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) David M. Federle Hollywood, MD. 31. Dete filed (Month, Day, Yeer) 32. Registrer's Signeture

Julia Davidson Rardall

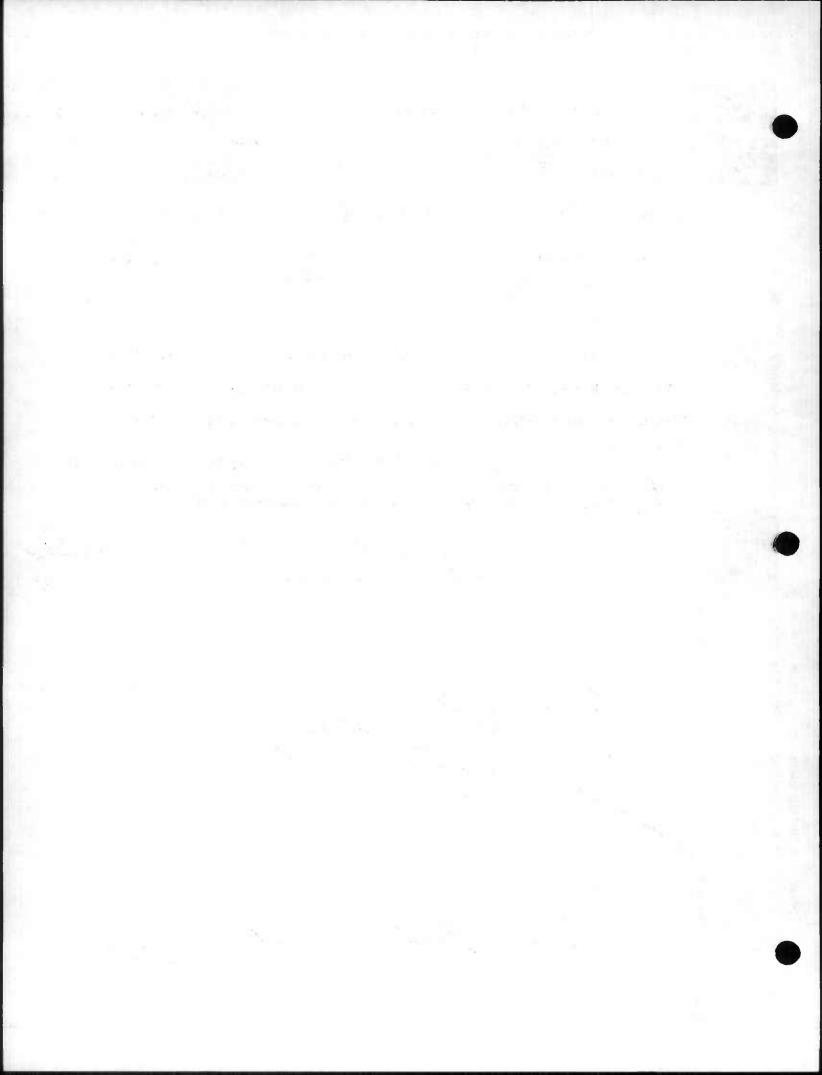
DHMH 16 Rev 6/95

State Registrar

WALLACE

MCGREGOR

LEONARD

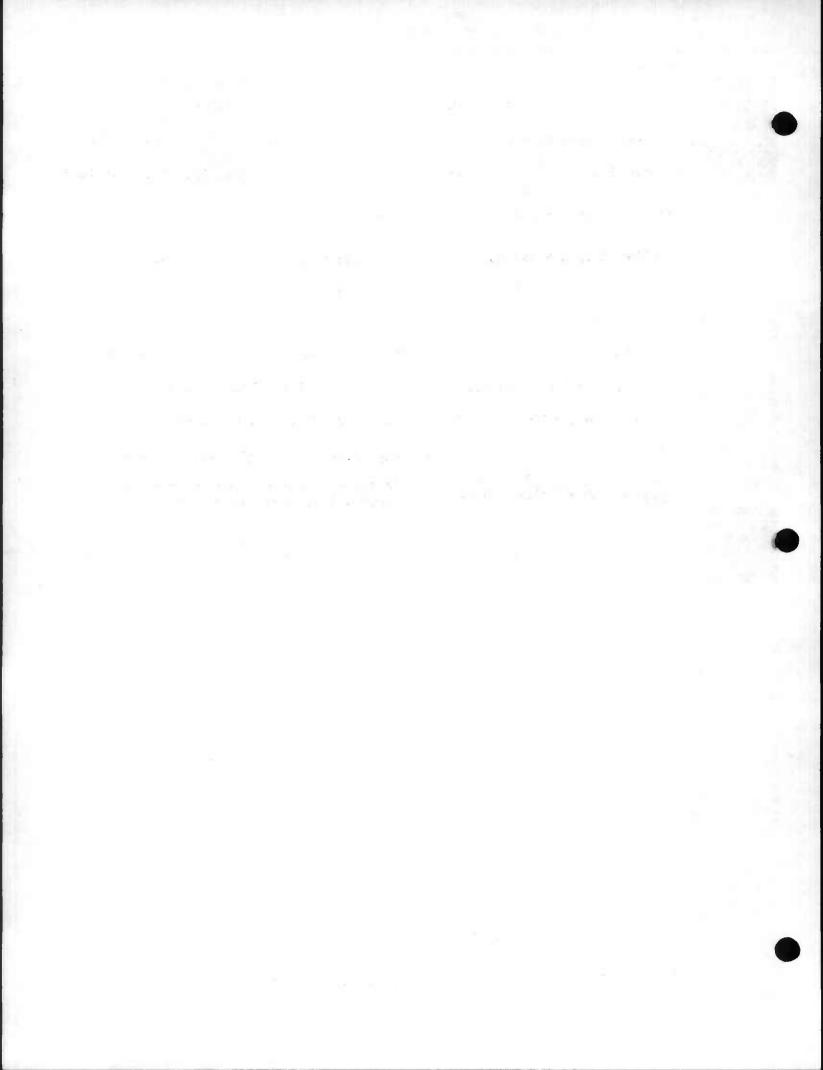


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Fwbruary John Ernest Wheeler 1998 10:40 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death **Examiner** St. Mary's Hospital St. Mary's Leonardtown 5. Social Sacurity Number If Under 1 Year If Under 24 Hrs. 6 Say 7. Age (In yrs. last birthday) Birthplace (Steta or Foreign Country) Funeral 8. Data of Birth (Month, Dev. Year) 10 M 2□ F Months Deys Yrs. Director 218-24-3750 69 May 12, 1928 Maryland the Maryland 10a Stete 10h County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at St. Mary's 1 ☐ Yes 2 No No Maryland Clements Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? ò or Items 23a 23695 Colton Point Road U.S.A. 14. Raca - American Indien, Bleck, Whita, atc. 20624 11. Marital Status 12. Wes Decedent Evar in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, atc.) filed within 72 hours efter 1 X Yes 2 No If Yes, Give 1 Never Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: py Specify: 3 Widowed 4 Divorcad White natural', Yeer or Dates: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) permit. Pages 1 end 2 should be filled wit Depertment of Health end Mental Hygiens Important: If item 27 is marked other that any injury or other traumatic event, Inst. 2008. 12th Service Manager Auto Dealer 17. Fethar's Name (First, Middle, Lest) 18. Mother's Neme (First, Middle, Malden Sumeme) Be 2 Joseph Latham Wheeler Maude Russell 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) Margaret Louise Wheeler/Wife P.O.Box 93, Clements, MD 20624 20b. Placa of Disposition (Nema of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Sacred Heart Cemetery 2/5/1998 Bushwood, MD 21. Signature of Funeral Service License 22. Name end Address of Fecility Mattingley-Gardiner Funeral Home, P.A. 23e. Pert Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervet Between Onset end Deeth Physician Immediate Cause (Final diseese or condition resulting in death) /Medical Respirateous
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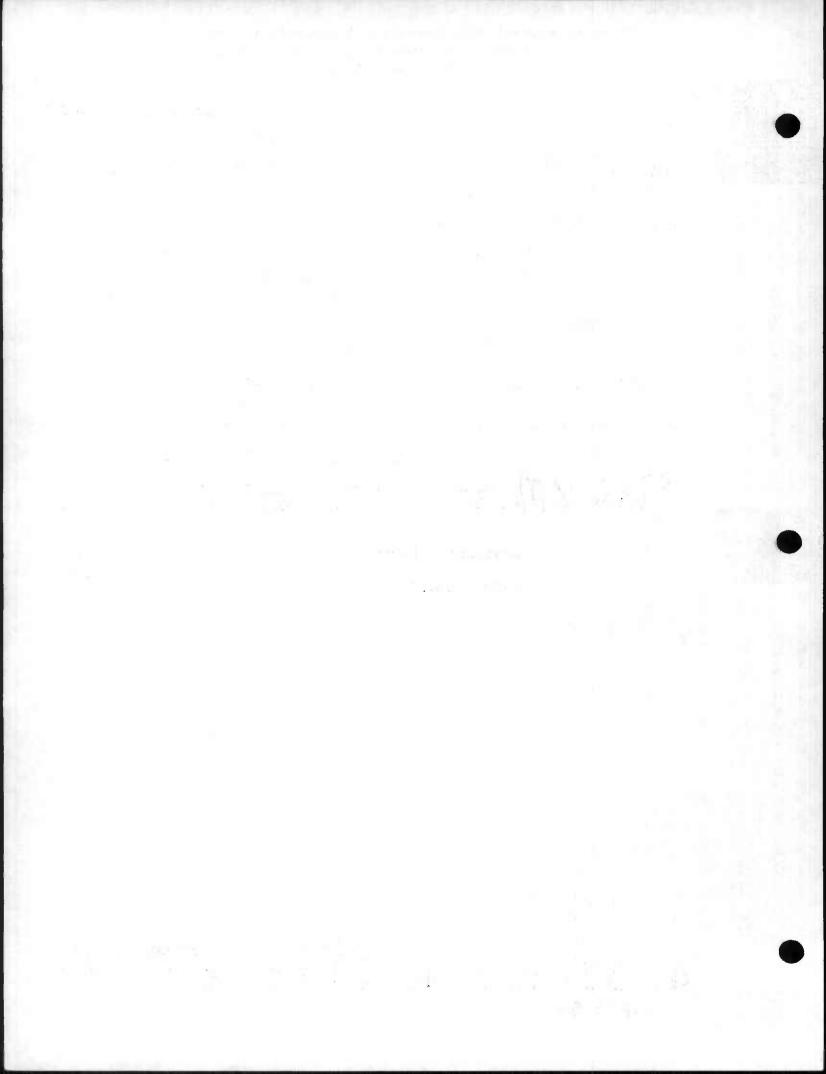
To the Funeral Director: Affer the funeral bird in by the fur 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner as steted.

2 Medicaf Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the ceuse(s) end manner steted. Medical (Check only onel 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) D33470 30. Name and address of person who complimed cause of deeth (ttem 23e) (Type, Print) BHASKER A. JHAVER PHILIP J. BEAN MEDICAL CTR. HOLLYWOOD, MD. 20636 31. Dete filed (Month, Dey, Year) 2. Registrer's Signature State Tales Davidson Randall FEB -4 1998 Registrar



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Maryland 21215-0020	permit. Pages 1 end 2 should be filed within 72 hours efter deeth with the Maryland Department of Heath and Mental Hygiene. Department of Heath and Mental Hygiene. Broadcant: If term 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Magical Examinat must be notified at once.	b	1 Never Married 2 Mar 3 Widowed 4 Divorced	ried 1 Ye	Forces? s 2 No Give r Detes:		Yes, specify Cub		Rican, etc.)	Specify Specify	ok, White, e	itc. ITE	
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	Sta Registr	te ar	31. Date filed (Month, Day, Year) FEB 0 5 19	98 36	Redistrans Sign	PATURE CONTRACTOR							

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death ARG : 75 an 4c. County of Death 4a. Facility Neme (If not Institution, give street and number, 4b. City, Town, or Location of Deeth WESTERN MARYLAND CENTER HAGERSTOWN WASHINGTON If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Months Days Hours Min. FEB 39, 1948 Birthplaca (State or Foreign Country) PA . 5. Social Security Number 7. Age (In yrs. last birthday) 10 M 20 F 218-26-2771 79 Yrs Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. inside City Limits Yes 2□No MARYLAND ALLEGANY CUMBERLAND 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 813 YALE STREET 21502 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American indien, Black, White, etc. 11. Marital Status 1 Never Married 2 Married Specify: WHITE 1 ☐ Yes XX No Specify 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) PROOF READER/NEWSPAPER NEWSPAPER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) FRANK C. TROZZO MARY TERESA PERELLI 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) WILLIAM WOLTZ HUSBAND 813 YALE STREET CUMBERLAND MARYLAND 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date 1 N Buriai 2 ☐ Cremation 3 ☐ Removal from State 1998 FLINTSTONE MD. ROCKY GAP VETERANS CEMETERY FEB 6 4 □ Donation 5 □ Other (Specify) 22. Name end Address of Fecility MERRITT-ADAMS FUNERAL HOME 0 404 DECATUR STREET CUMBERLAND MARYLAND 21502 Part1. Enter the diseese, or comp shock, or heart failure. List only Approximate interval Between Onset end Death ns that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest immediete Ceuse (Final disease or condition resulting in death) Lemodialypis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as a consequenca of): Part (Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part 1. 23b. Did tobacco use contribute to the cause of death? 2 No No 3 Probably 4 Unknown 1 Yes 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed' 1 ☐ Yes 2 No 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 5 ☐ Residenca 6 ☐ Other (Specify) 28c. Injury at Work? 27. Menger of Death 28b. Time of 28d. Describe how injury occurred Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 6 ☐ Could not be 3 Sulcide

ettending physician and for use es the burief-transit death certificate be exer Division of Vital Records, P.O. signed by 90 certificate

Physician /Medical

Examiner

Examiner Physician/Medical à Completed Be ippital or Attanding Plours efter death.

neral Director: After the filled in by the funeral Certification: Medical

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or Itama 23a or 28a-f show the Medical Examinar rount be notified at

death

permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural", or than any Injury or other traumetic event, the Mental Property on the permitter of th

Baltimore, Maryland 21215-0020

Director

pA

To the P within 2. To the F 5 nus State

31. Date filed (Month, Day, Year) Registrar

4 Homicide

(Check only

29b. Signature and title of certifier

30. Name end eddress of person

29e. Certifier

of deeth (Item 23a) (Type, Print) Western Mary Cand Cant 32. Registrar's Signature ductions

29c. License number

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

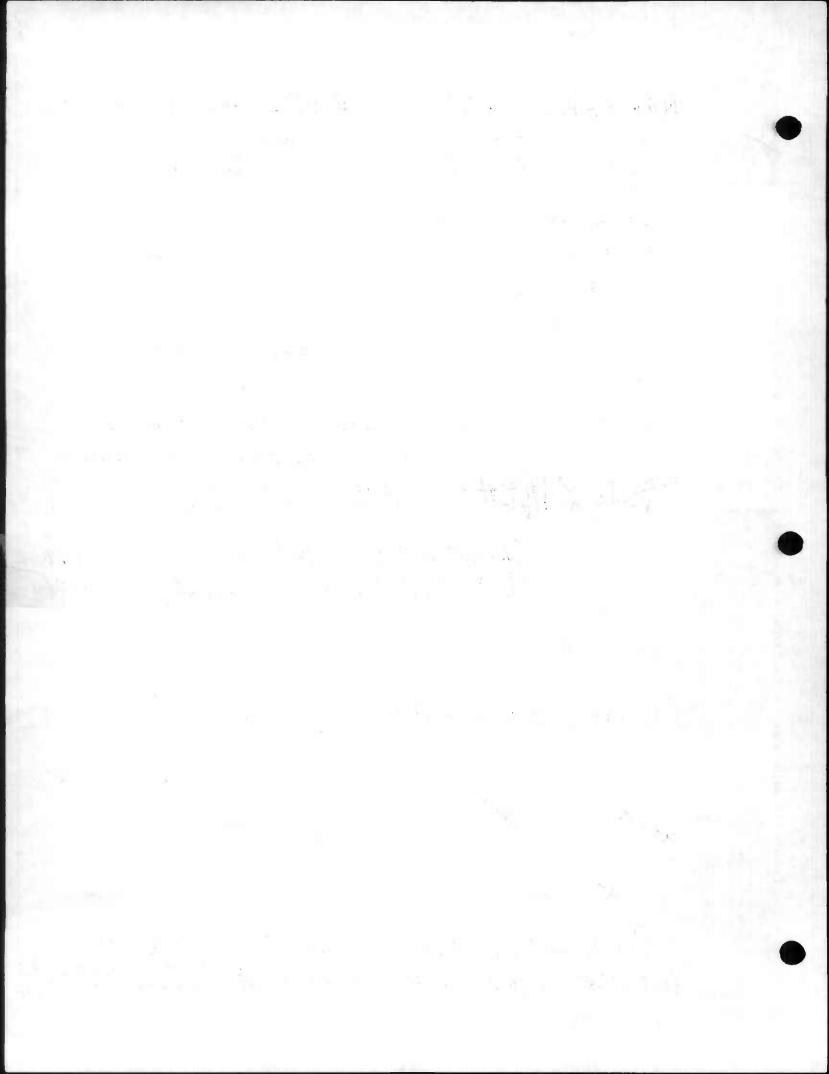
28f. Location (Street and Number or Rural Route Number, City or Town, State) Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29d. Date signed (Month, Day, Year)

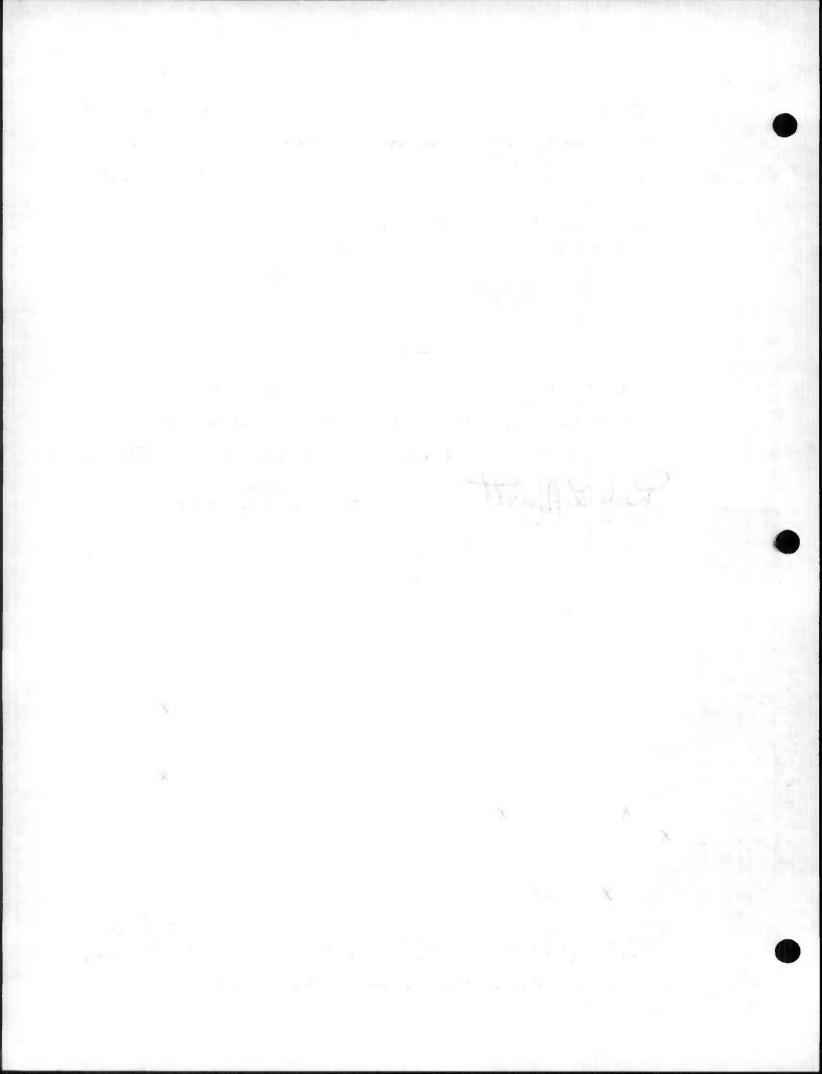
DHMH 16 Rev 6/95

Hospital c 24 hours el Funeral D



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Guy Fiscus, M.D., Memorial Hospital Medical Bldg., Cumberland, MD 21502	3	- 1						-					



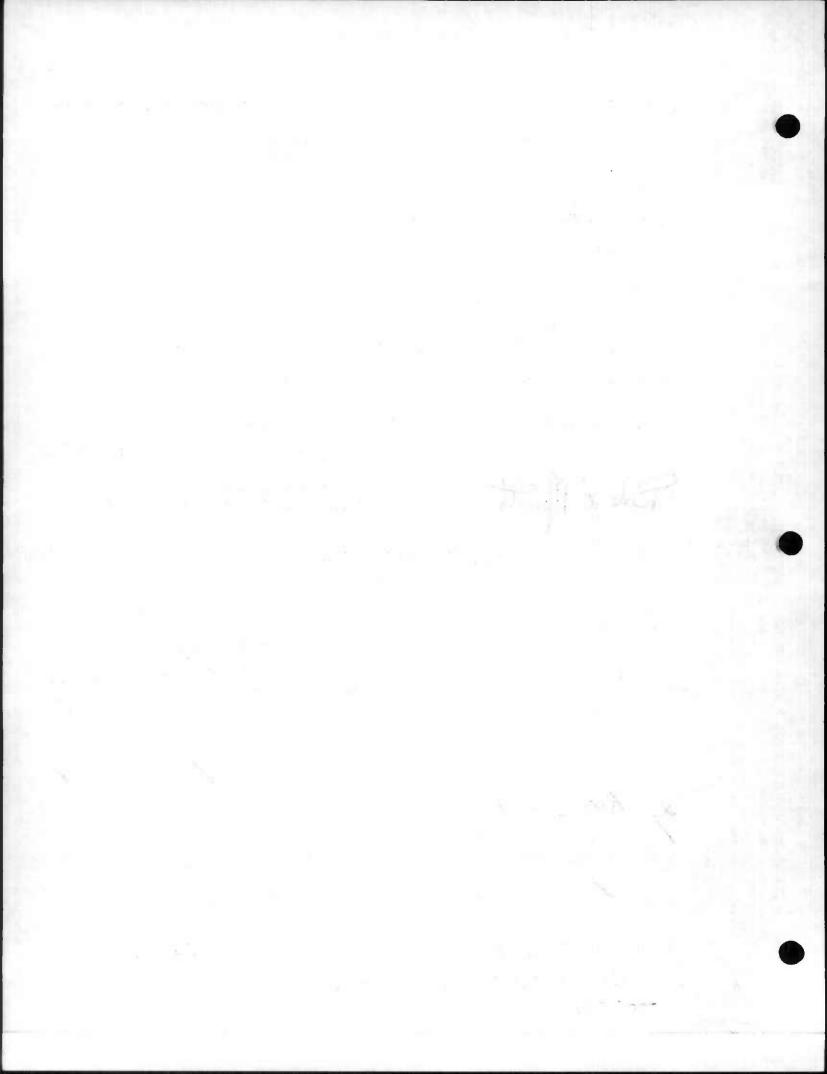
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth **Physician** ARTHUR CHARLES WESTFALL, JR. FEBRUARY 0400am 1998 /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Locetion of Deeth 4c. County of Deeth Examiner SACRED HEART HOSPITAL CUMBERLAND ALLEGANY If Under 24 Hrs. 8. Dete of Birth (Month, Day, Yeer) 5. Social Sacurity Number If Under 1 Year 7. Age (In yrs. lest birthdey) 6. Sex Birthplace (State or Foreign Country) **Funeral** 1**∑**M 2□ F Deys 74 219-14-5664 Yrs. Director JULY 13 1923 W. VA. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "naturel", or items 23s or 28s-f show 1 X Yes 2 No Director ALLEGANY CUMBERLAND MARYLAND 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code Peges 1 end 2 should be filed within 72 hours after death with inent of Heelth end Mental Hygiene.
Int: If Itam 27 Is marked other than "naturel; or items 23a or inty or other traumatic event, the Medical Examination rount be I. 759 MARYLAND AVE. 21502 U.S.A. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. 1√ Yas 2 No lfYes, Give WW 11 Yaer or Detes: WW 11 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: WHITE Completed by 3 Widowed 4 Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elamantary/Secondary (0-12) College (1-4or 5+) B&O RAILROAD BRAKEMAN/RAILROAD Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be ELVINA SARA SHINGLEDECKER ARTHUR CHARLES WESTFALL SR. 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) STEPHEN M. WESTFALL 627 GEORGE STREET HAGERSTOWN, MARYLAND 21740 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State ROCKY GAP VETERANS CEMETERY FEB 12 1998 FLINTSTONE MD. MBurial 2 Cremetion 3 Ramovel from Stete permit. Pege Department of Important: If eny injury or 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND ok. 23a. Perti. Enter the disease, or conditications that caused the death. Do not enter tha moda of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one causa on each line. Approximate Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Cardiac ~ 4-5N11 Examiner Due to (or es e consequençe of) Examiner or Attending Physician: The lew requires that the death certificate be executed buriel-transit Sequantielly list conditions, if eny, leeding to immediata cause. Enter Underlying Ceuse (Diseese or Injury that initieted avents resulting in death) Lest Due to (or es e consequence of) Box 68760. Physician/Medicai the Dua to (or as e consequance of): 98 esn 1207,1918 Pert II. Other eignificent conditions contributing to death but not resulting in the undarlying causa given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed t þ 24b. Were eutopsy findings available prior to completion of cause of deeth? should Completed 24a. Wes en eutopsy performed pege 2 1 ☐ Yes 2 No 10 Yes 2 No funeral director. Be 25. Wes cese referrence medical 26. Plece of Deeth (Check only one) ELGIB exemine 12 Yes Hospitel: 2 1 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 28e. Dete of Injury (Month, Dey Yeer) 27. Meny of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturel 2 ☐ Accident safter death. 1 ☐ Yes 2 ☐ No Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours a Hospital 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai (Check only one) within 2 To the I 29b. Signature end title of certifier 29c. License number 29d. Data signed (Month, Dey, Year) FEBRUARY 7 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 921 cumpular/ Hd 21502 Sum Drive

Registrar

State

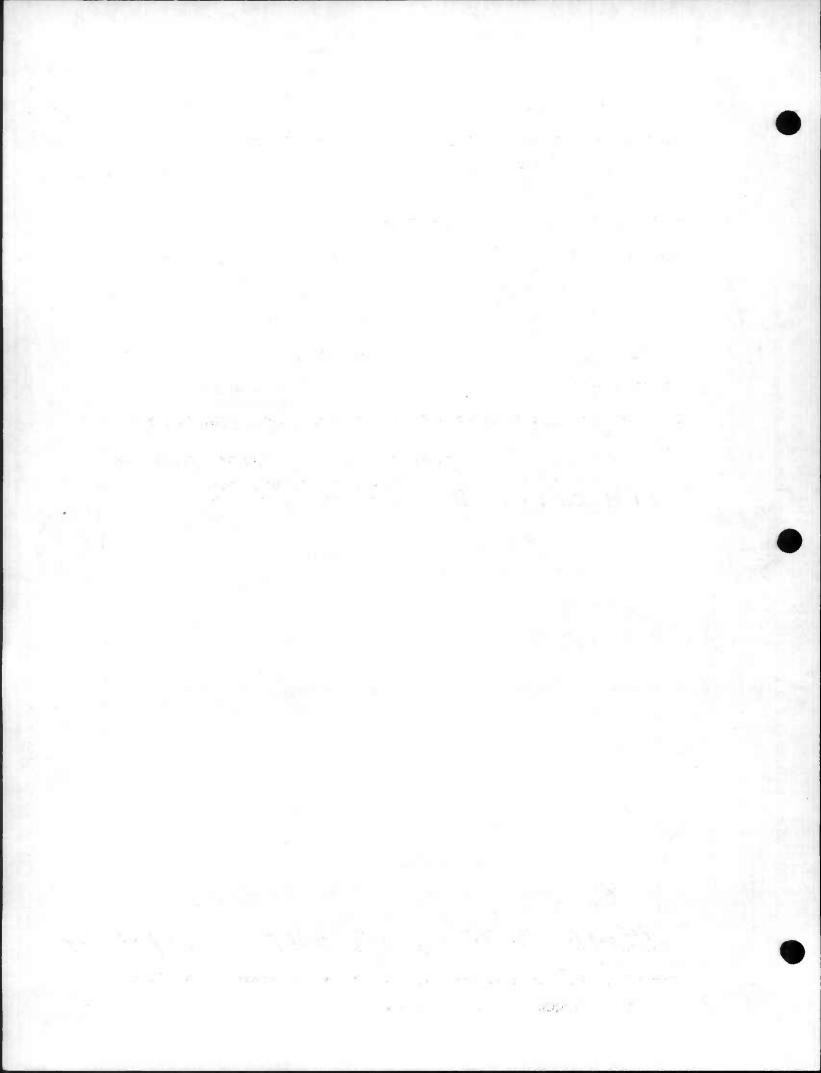
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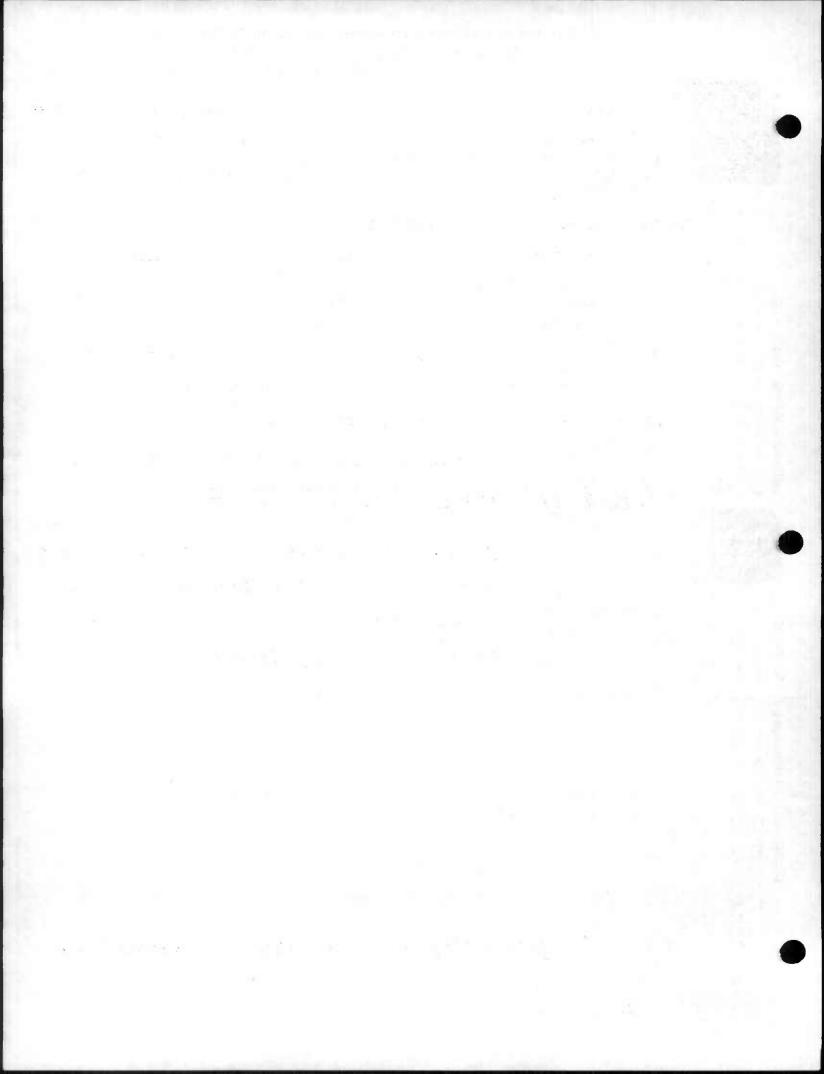
State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

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dical ELN	ORA D. W	ADE					FEBRU	ARY 4 19		9:10 AM
iner 4e. Fecility Neme (If n	ot institution, giva	street and number)				4b. City, Town, or	Location of Deer	th 4c. County	of Deeth	
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MARYLAND 10e. Street end Numb	ALLEGANY			FROSTBU	JRG 10f. Zip Coda			10g. Citizen of V	Affron Country?	CONT.
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19e. Informant's Name			per, City or Town,	State Zin Code	1					
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21. Signature of Funar	f Sarvice Licens	n.1			ama and Addra	iss of Facility NERAL HOM	E, P.A.			
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23a. Part1. Entar the shock, or heert for	disaasa, or comp ailura. List only o	ilications that causad	ha daath.	Do not antar t	ha moda of dylr	ng, such as cardia	or raspiratory	arrest,	Appro	oximata ral Batween
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Part II. Other significa	int conditions co	ntributing to death bu	not resulti	ng in the unde	rivino causa oiv	van in Part I.	23b. Did	tobacco uae co	ntribute to the c	ause of death
Part II. Other significa					, 5 g	CAPACITY ENG.		Yes 20 No	3 Probably	
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3 Suicide 4 Homicida	4		my knowle	dga, daath oo	curred at tha tir	ma, data and place	, and dua to the	cause(s) and ma	annar es stated. end due to the ci	ause(s)
	Certifying Phy Medical Exami	sician: To the best of ner: On the basis of	xamination	n end/or invest	igation, In my c	pirilori, daatri occu	rred at the time,	, dete end place,		
29a. Cartifier (Check only one)	_ Medical Exami	sician: To the best of ner: On the basis of and manner stal	examination	end/or invest	tigation, In my o		rred at the time			
	_ Medical Exami	ner: On the basis of	examination	end/or invest	29c. Licens		fred at the time,		d (Month, Day, Y	'ear)
29a. Cartifier (Check only one)	_ Medical Exami	ner: On the basis of	examination	mend/or invest	tigation, In my o		rred at the time	29d. Data signe	d (Month, Day, Y	
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29a. Cartifler (Check only 20 one) 29b. Signatura and title	a of certifier	ner: On the basis of and manner stall	ixamination	ner	29c. Licens			29d. Data signe	ARY 5	



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** Month Elizabeth Akers February 15 1998 6:30 pm /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Harbor Hospital Center Baltimore Md. 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 2/9/1912 5. Sociel Security Number Birthplece (State or Foreign Country)
 MD **Funeral** Deys 1 M 2 X 86 Yrs. 218-12-3261 Director Usuel Residence of Decedent the Maryland r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD ANNE ARUNDEL GLEN BURNIE 1 Yes 2 No Director 10g. Citizen of Whet Country? U.S.A. 10e. Street end Number 10f. Zip Code with "netural", or items 23s or 21061 108 DISMORE AVENUE Pages 1 and 2 should be filed within 72 hours after deeth a neat of Health and Mentel Hygiene.
Instit if tern 27 Is marked other than "netural", or items 23, and it if the receive the most the most provide traumatic event, the Medical Exercise must yor other traumatic event, the Medical Exercise must be set to the most present the most present the most present that the most present the most pre Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 M No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: WHITE 1 ☐ Yes 2 No Specify: p ¥¥Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) LABORER FACTORY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be UNKNOWN UNKNOWN 2 19e. Informant's Neme/Relationship (Type, Print) **ELEANOR KENNISON** 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 108 DISMORE AVE., GLEN BURNIE, MD 21061 20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, Stete cemetery crematory or other place
GLEN HAVEN CEM. permit. Peges
Department of
Important: If it
any injury or o 1 Burlal 2 □ Cremetion 3 □ Removal from State 4 □ Donetion 5 □ Other (Specify) 2/19 GLEN BURNIE, MD 21. Signature of Funeral Service Licensee 22. Name end Address of Facility
RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY., SW., GLEN BURNIE, MD 21061 23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dylng, such es cardiec or respiretory errest, shock, or heart feilure. Ist only one ceuse on eech line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) . Congestive heart failure Examiner Due to (or es e consequenca of): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, ettending physician for use es the burie thet the death certificate be Physician/Medicai Due to (or as a consequence of) signed by the et d be deteched for Pert II. Other elanificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2© No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings aveilable prior to completion of cause of death? Completed 24a. Wes en eutopsy pertormed? page 2 hes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific director. Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) Hospital: 1. Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2€ No Certification: To funeral 27. Menner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation 15 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) in by 4 Homicide To the Hospital c within 24 hours of To the Funeral D completely filled edicai Exertifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier 2 Medicat Examiner: On the besis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the cause(s) end manner steted. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) ose B. Corner, Mo D15082 2/16/98 30. Name end editess of person who completed cause of deeth (Item 23e) (Type, Print) Jose B. Corvera 3001 S. Hanover St. Baltimore Md. 21225

State Registrar

31. Dete filed (Month, Day, Year)

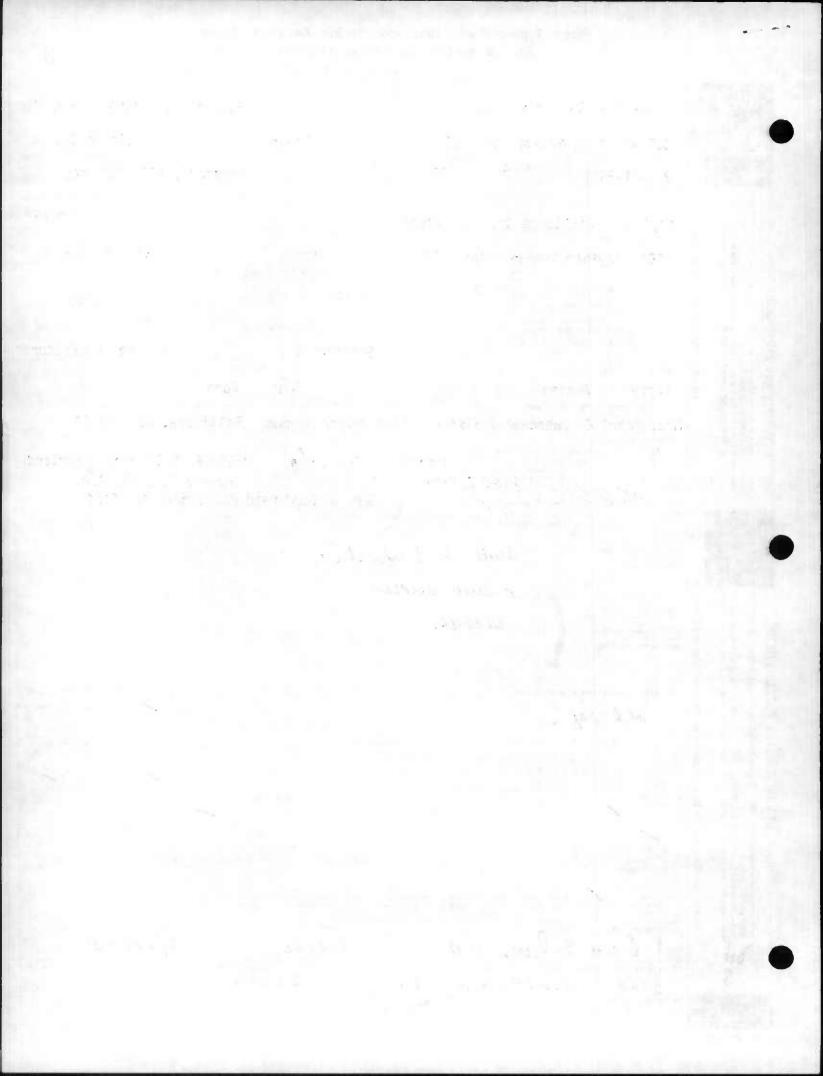
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State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 2. Deta of Deeth 1. Decedant's Name (First, Middle, Last) 3. Time of Deeth Month **Physician** February 1:10 PM Bertha Virginia Austen 17, 1998 /Medical 4a Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Baltimore Co. 500 Virginia Avenue Apt. 905 Towson If Undar 24 Hrs. Hours Min. If Under 1 Yeer 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) 6. Sex **Funeral** Days 1 M 2 XF Months Yrs. 86 Director January 17, 1912 Maryland 212-01-9611 Usuel Residence of Decedan the Maryland 10c. City, Town or Location 10a State 10h Count 10d Inside City Limits r 28a-f show 1 ☐ Yas 2 🖾 No Directo Maryland Baltimore Co. Towson 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with nent of Health and Mental Hygiena.
Int: If Item 27 is marked other than natural; or items 23a or in yor other traumatic event, the Medical Engine mental in yor other traumatic event, the Medical Engine mental or in the Medical Engine mental 1286 United States Apt. 905 500 Virginia Avenue Funeral 12. Wes Decedent Ever in U.S. Armed Forces? 1 Yas 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 ☐ Never Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: p 3 ☐ Widowed 4 ☑ Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Seamstress Clothing Manufacturer 10 18. Mother's Neme (First, Middla, Meiden Sumeme) 17. Father's Neme (First, Middle, Last) Harry Austen Gado Anna 19b. Melling Address (Straat and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Reletionship (Type, Pnnt) Baltimore, MD 21214 Mrs. Pearl E. Buescher / Sister 4804 Holder Avenue 20b. Place of Disposition (Neme of cemetery, crametory or other place) 20c. Location - City or Town, Stete 20a. Mathod of Disposition permit. Pages Department of Important: If it any Injury or once. 1 Buriel 2 Cremation 3 Ramoval from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/23/98 Baltimore, Maryland Gardens of Faith Cem. 21. Signeture of Funeral Service Licensee Michael E. Canapp 22. Name and Addrass of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, MD 21214 23a. Part1. Enter the disease, or complications that caused the deeth. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximate Intervel Between Onsat and Death **Physician** Immediate Ceuse (Finel diseasa or condition resulting in deeth) M. Infarelien Examiner Examiner Merio scherous physician and the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Ceuse (Diseese or Injury that initiated evants resulting in deeth) Last Due to (or as e consequance of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or es e consequence of): for use as Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? the signed by the 1 Yes 2 10 3 Probably 4 Unknown p 24b. Wara autopsy findings availabla prior to complation of causa of deeth? 24e. Wes en eutopsy Completed is certificate has director, page 2 1 Yas 2 PM 1 Yes 2 No Hospital or Attending Physician: 25. Was casa rafarrad to medical exeminer? Be 26. Piece of Daath (Check only one) Hospital: Other: 4 Nursing Home 5 Amesidence 8 Other (Specify) 1 Yes 2 No P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Deta of tnjury (Month, Dey Year) 27. Mannag of Death 28c. Injury et Work? 28d. Dascribe how Injury occurred 28b. Time of Certification: Aftar 1 Anaturel 5 Panding 1 ☐ Yes 2 ☐ No death. Investigation Director: A 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicida To the Hospital or within 24 hours aft To the Funeral Di completaly filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, daeth occurred et the time, dete and piace, end dua to tha cause(s) end menner steted. 29a. Cartifian Medical 29b. Signeture end title of cartifiar 29c. Licansa number 29d. Date signed (Month, Day, Year) 002966. ana MB PA 30. Name end eddress of person who completed cause of death (Itam 23e), (Type, Print) NORTHERN 21214, KWY

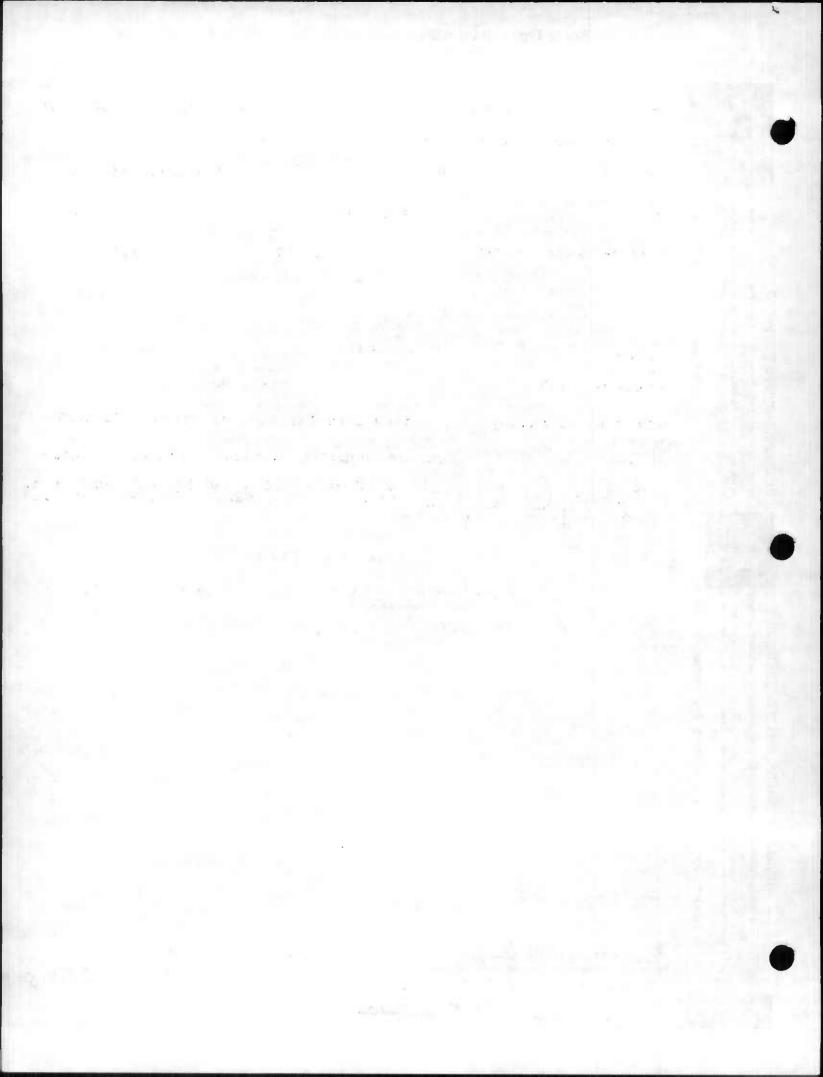
Registrar



State of Maryland / Department of Health and Mental Hygiene

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1. Decedent's Name (First, Mid-SUSIE DE: 4a Facility Name (If not instituti							2. Date of	f Death	3. Time of Death	
SUSTE DE	I.I. ARER						Month	Day	Year	
4a Facility Name (If not instituti		NATHY							,1998 8:30am	
5500 CHAND			res.)				or Location of D Lmore		ny of Death N/A	
5. Social Security Number 423-56-2757	6. Sex 1 □ M 2 ☑ F						Hrs. 8. Date of (Mooth)	Birth Pay Year)	9. Birthplaca (Stata or Foreign Country) Alabama	
Usuel Residenca of Decedent										
N/D	* .	10c. C			Ξ				10d. Inside City Limits 1 Yes 2 □ No	
10e. Street and Number	ED AVEN	TTP:		10f. Zip Co		207			What Country?	
5500 CHANDI			110	Was Dasadan			2 (Casaibi Van o	U.S.A. Specify Yes or No- 14. Race - American		
3 ₩ Widowed 4 □ Divorce	Armed F arried 1 Tes If Yes, G	Forces? 2X No Bive) Bi	eck, White, etc.	
15. Decede (Specify only high Etementary/Secondary (0-12)	est grede completed		(Give	kind of work of DO NOT use	done duri retired)	on ing most of	f working		Business/Industry n home	
12th							Name (First Min			
771 2 2 1 C						Dessie Neal				
19a. Informant's Name/Relation		1								
		n Stete MC	Place of Dispo cometery, cree Kinne	sition (Name matory or other y Mem	of or place) Oria				- City or Town, State en, Alabama	
		100	1 L	EROY	Address o	of Facility	r & SON	FUNERA	L HOME, P.A.	
. (complications thet only one cause on	caused the decaach ina.	eth. Do not ent	er the mode of	of dying,				Approximate Intervel Between Onsat and Death	
Immediate Cause (Final disease or condition resulting in death) a. Court of condition pue to (or as a consequence of):										
Sequentially list conditions Due to (or as a consequence of):									chronic	
Causa (Disaasa or injury that initiated events resulting in death) Last Due to (or es e consequence of): d.								chrenic.		
Part II. Other significant condit	tions contributing to	death but not re	sulting In the u	nderlying cau	se given	in Part I.	23b.	Did tobacco use o	ontribute to the cause of death?	
	Simil	ity.	_					1 ☐ Yes 2 ☐ No	3 ☐ Probably 4 ☐ Minknown	
		(24a. \	Was an autopsy performed?	24b. Were autopsy findings available prior to completion of cause of death?	
								1□ Yas 2 No	1 ☐ Yes 2 € No	
	al				2	26. Placa of	Death (Check o	only one)		
1 Yes 2 No					Other:	4 LI NUIS	-			
27. Manyer of Death 1 Natural 5 Pend	ling (Mo		28b. Time o Injury	f 28c			111111111111111111111111111111111111111	ribe how injury occi	urred	
3 Suicide 6 Could determine de	d not be						28f. Locati		nber or Rural Route Number,	
	I Examiner: On the	basis of examir	nowledga, deat nation and/or in	h occurred at vestigation, in	the time, my opin	date and paion, daath	piace, and dua to occurred at the ti	tha cause(s) and r ima, data and place	mannar as stated. a, and due to tha cause(s)	
29b. Signature and title of cartif			29d. Date sign	ned (Month, Day, Year)						
1		0	198	112		1//	8/98			
Borry	one I Un	da		,	, , (0	4)		or ((0)	
30. Nama and address of person		use of death (Ite	em 23a) (Type,				S TOWN P		TO MD21215	
	Usuel Residence of Decedent 10a. State	Usuel Residence of Decedent 10a. State MD	Usuel Residence of Decedent 10e. State MD N/A 10e. Street and Number 5500 CHANDLER AVENUE 11. Manital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) 12th 17. Father's Name (First, Middle, Last) William Smith 19e. Informant's Name/Relationship (Type, Print) Elizabeth Abernathy 20e. Method of Disposition 1 Buriat 2 Cremation 3 Memovel from State 4 Dongtion 5 Other (Specify) 21. Signeture of Funeral Service Licen 22a. Part Enter the disease, of complications that caused the dealhood or finant failure. List only one cause on each first. Immediate Cause (Final disease). The complications that caused the dealhood or finant failure. List only one cause on each first. Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in death) Last 25. Was case referried to medical examiner? 1 Yes 2 No 27. Manyfer of Death 1 Photograph of Sepecial Could not be dealy only for Cause (Disease or injury that initiated events resulting in death) Last 28a. Date of Injury - At building fail of Injury - At building fail of Injury - At building fail or injury - At b	Usuel Residence of Decedent 10a. State 10b. County N/A 10c. City, Town or Lo BAL' 10c. Street and Number 5500 CHANDLER AVENUE 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 1 Yese, Give Yeer or Dates: 1 Specific Specify only highest grade completed) 1 Specific Speci	Usuel Residence of Decedent Usuel Residence of Decedent Usuel Residence of Decedent Usuel Residence of Decedent Usuel Residence of Decedent Usuel Residence of Decedent Usual Residence of Decedent Usual Residence of Decedent Usual Residence of Decedent Usual Residence Usual Resi	10 10 10 10 10 10 10 10	Sequencially list conditions Sequence of Death Sequence of D	Usual Pacidence of Decedent 10s. State 10s. County 10s. State 10s. County 10s. State 10s. County 10s. City, Town or Location 10s. State 10s. County 10s. State 10s. County 10s. City, Town or Location 10s. State 10s. County 10s. State 10s. County 10s. State 10s. County 10s. State 10s. County 10s. State 10s. Sta	10 10 10 10 10 10 10 10	



98-0795-510

Please Type or Print In Black Indelible ink. Assure All Coples Are Legible.

HENRY BURKE	Ite	ems: 23 pa	art I,27	per								ntal Hygi	g. No.	05	0/5	
Physician	_	Decedent's Ner	ne (First, Midd	le, Last	1)						2	2. Dete of Deeth Month	Dey	Yeer	3. Time of Deeth	
/Medica	1 -		Harry									EBRUAR!			12:25P.M	
Examine		Fecility Neme				iber)				*		ition of Deeth	4c. County	of Deeth		
***		Social Security		6. Se	-	7. Age (In yr.	e last hirth	day) If Unc	ler 1 Yea	BALT'I		. Dete of Birth	N/A	0 Birtholog	e (State or Escain	
Funeral Director		213-62-	0973		M 2□F	45		Month			Min.	(Month, Dey, EC. 19,	Year) 1952	Mary.	e (Stete or Foreig Land	
show as the part of the part o	-	a. Stete	10b. County	,		10c. C	City, Town	or Location						10d.	Inside City Limits	
Mery Fresh	101	Md.	N.	/ A	Baltimore							1 Yes 2				
th the More 28a-1	10	e. Street end No			10f. Zip Co				ip Code	0		10	10g. Citizen of Whet Country?			
th wit	<u> </u>	1 N. Ca	rey St						2:	1223				USA		
5-0020 72 hours effer deeth with the Meryland nature!', or fterns 23a or 28a-f show see Examine must be notified at	10 Funeral Director	. Maritel Stetus 1 Never Mer 3 Widowed			12. Wes Dece Armed For 1 Yes If Yes, Give Yeer or De	ces? 2 No	U,S.	If Yes, s	edent of pecify Cu 2 No	ben, Mexican	n, Puerto Ri	fy Yes or No- can, etc.)	Bia	e - American ck, White, etc v: White		
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21215-0020 d within 72 hours of gione. r than "naturel", or the Modical Extent	Elementery/Secondery (0-12		cify only highe			4or E ()	((Give kind of work done during most of workin life. DO NOT use retired)				,				
21 with a series of the series					College (1-	401 5+)		Unob	tain	able			Un	obtain	able	
	D 17	. Fether's Neme								18. Mothe	er's Neme (First, Middle, M	a <i>id</i> en Sumen	ne)		
Maryland d 2 should be flie th and Mentel to the and marked oth traumatic event	0	l	Jnobtai	nab.	le					Un	obtai	ainable				
and la man	19	19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Tow										City or Town				
	-	Mary Ellen Cahill - friend 1 N. Carey St., Balto., Md. 21223 Oa. Method of Disposition (Name of Dete 20c. Location City												City or Town, State		
0 80= 8	20				Removel from S	State	cemetery,	Disposition (f , cremetory of ridge	r other pi		2/	20/98 2		dge, M		
Baltim pemit. Pa Depertmen important: eny injury pncs.		. Signatura de	Tun C	H	Will	iam		Gary 7250	L. Ka	ington	Fune	ral Hom ., Elkr	idae.		dge MP 1075	
Physician /Medical Examiner	In di re	3a. Pert1. Enter shock, or he nmediete Ceuse sease or conditi sulting in death)	(Final	r compl t only o	lications that cannot cause on ea	light	uel	TIC INT	fe	ying, such es TION CON	MPLICAT	respiretory erre	st,	In	pproximete tervel Between nset end Deeth	
8760, cete be executed physician and the bunel-transit	SH CC	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury C.														
phys the	th re	at initieted even sulting in deeth)	ts	l	d	Due to	(or es e co	nsequenca o	f):							
death certification of for use as	Pusiciary															
O the d	Pa	rt II. Other sign	ificant conditi	ons cor	ntributing to de	eth but not re	esulting in 1	the underlyin	g cause (given in Pert I	i.		11-1		ne cause of death	
£ 20 .												1 🗆 Ys	s 2 No	3 Probab	bly 4 Unknow	
O 8 2 2	Completed by											24e. Wes er perform		aveile	eutopsy findings able prior to eletion of cause eth?	
The law ate has page 2												10 Xe	s 2 No	1 7 Y	res 2□ No	
Vital Sician: The cartificate irector, pag		i. Wes case refe	rred to medica	el _						28. Plece	e of Deeth	(Check only one)			
		1 Yes 2] No	1	Hospitel: 1 ☐ ir	patient 27	ER/Outp	patient 3	DOA	other: 4 🗆 Nu	ursing Hom	e 5 Reside	nce 8 🗆 Oti	ner (Specify)		
After fune		1 Manner of Dee 1 Natural 2 Accident	5 Pendi	ng igation	28e. Dete d (Mont)	f Injury h, Dey Yeer)	28b. Tii Inj	me of jury M	28c. Inj W	iury et ork? Yes 2		8d. Describe ho	w injury occu	rred		
Or or land	o certain	3 ☐ Suicide 4 ☐ Homicide	€XX Could determ	not be nined	200. I 100a	of injury · At ng, etc. (Spec	home, ferr	m, street, fact	ory, offic	е	28	3f. Location (Str City or Town		ber or Rural R	loute Number,	
Hospi 24 hou Funer staly fill	25	9a. Certifier (Check only one)				sis of examin						nd due to the ce d et the time, da				
To the vithin To the comple		b. Signature en	d title of certifie	er	. 11				29c. Lice	nse number		29	d. Date sign	ed (Month, De	y, Year)	

> O.C.M.E. FEBRUARY 18,1998

30. Name end eddress of person who completed cause deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

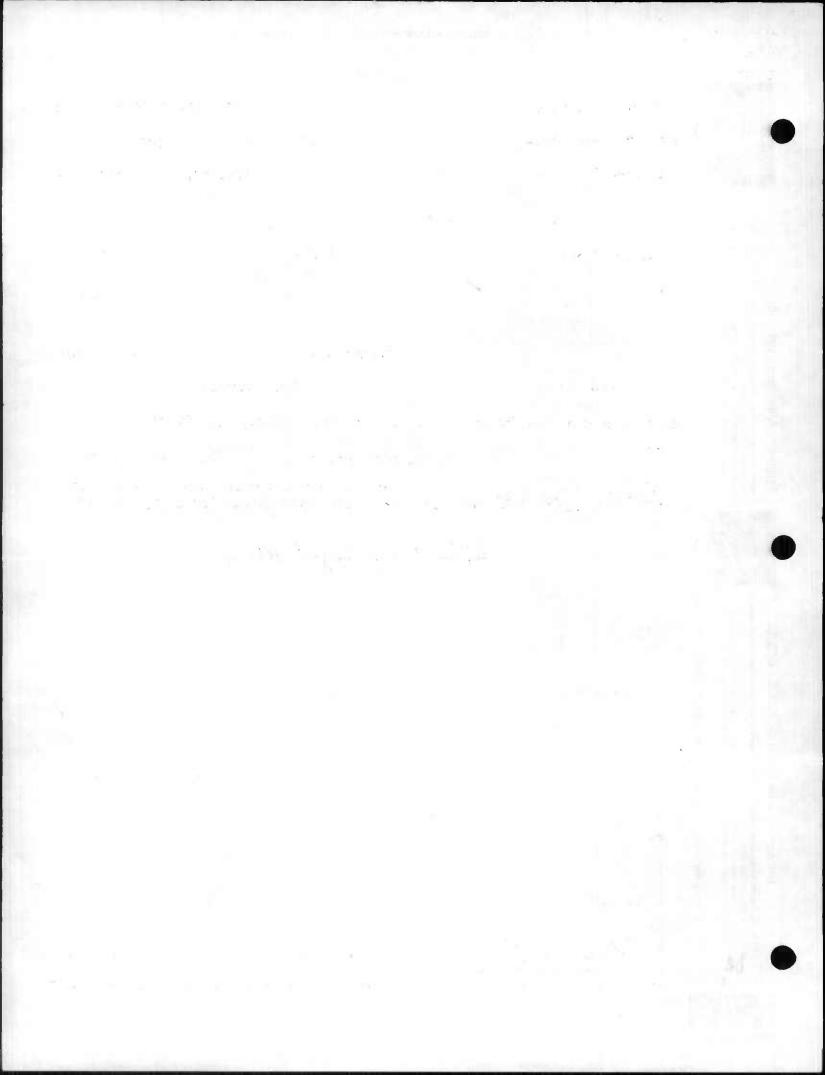
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Month, Day, Year)

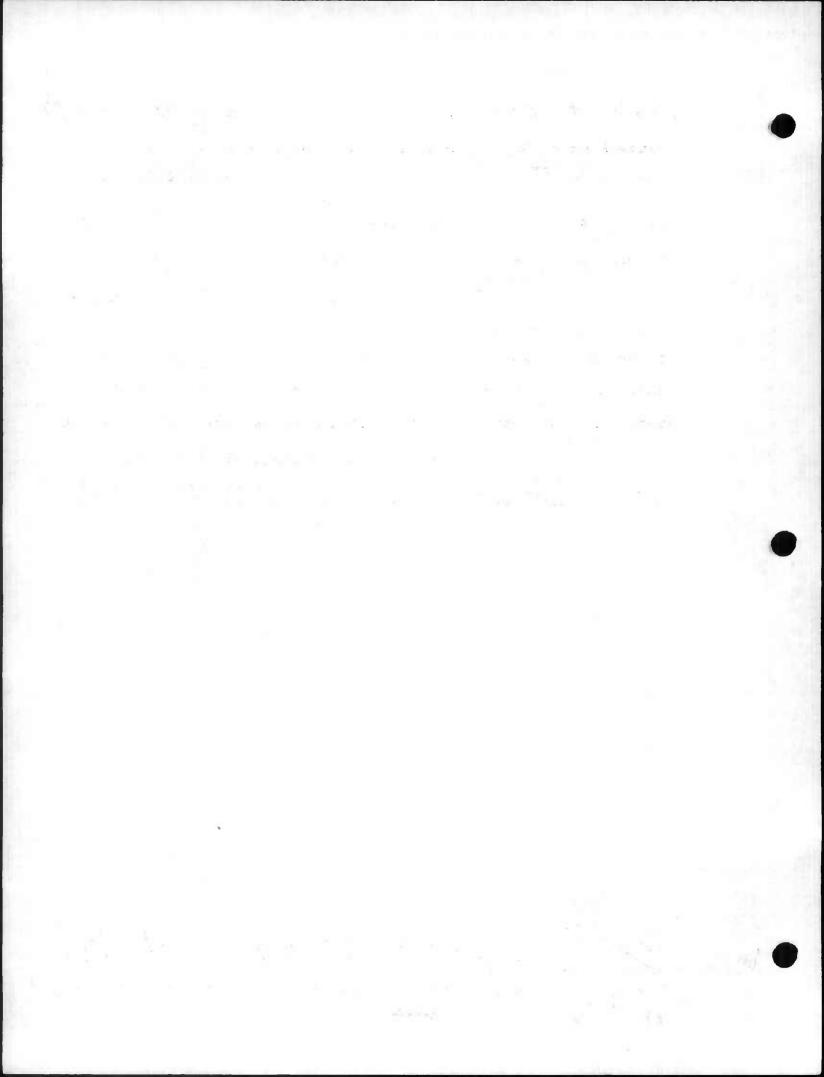
34. Registrer's Signeture

Suna Davidson—Randelle



State of Maryland / Department of Health and Mental Hygiene

			otato or maryta		Certificate of			Reg. No.	05076
Physic /Medi	cal	1. Decedent's Neme (First, Middle, L Herbert 4e. Fecility Neme (If not institution, gi	Barnett			4b. City, Town, or Loc	2. Dete of Dec Month February	Dey / /7 /	Year 7 20 Poath
Examin Funeral Director	ner	Johns Hopkin 5. Sociel Security Number 6.		. lest birth	al Ctn.	Baltimo		NA h y, Year)	9. Birthplece (State or Foreign Country) Md.
aryland show		10a. Stete 10b. County			or Location				10d. Inside City Limits
the Mi	ecto	Md. NA	Ba	alti	more			10g. Citizen of Wi	X Yes 2□No
th with 23a or	al Dir	501 Preston S	treet		21202			USA	iet Country r
within 72 hours after death with the Maryland within 72 hours after death with the Maryland and. than "natural", or items 23s or 28s-4 show its Madizal Examinet must be notified at	by Funeral Director	11. Meritei Stetus ↑ Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	U,S.	13. Wes Decedent of H If Yes, specify Cub 1 ☐ Yes 2☐ No	dispenic Origin? (Spe an, Mexican, Puerto F Specify:	city Yes or No Rican, etc.)		- American Indian, White, etc. Black
	Completed	15. Decedent's E (Specify only highest gr Elementery/Secondery (0-12) 6th Grade	Education rade completed) College (1-4or 5+) NA		Decedent's Usuel Occup Give kind of work done life. DO NOT use retire	petion during most of workin d)	ng	18b. Kind of Bus	
be filed tel Hygid d other	Be C	17. Fether's Neme (First, Middle, Las				18. Mother's Neme	(First, Middle,		
2 should be and Mentel a marked o	Lo	Clarence	Dennis	1		Rachel			ckson
i, Inval yland and 2 should be file seith and Mentel Hy n 27 is marked othe er traumatic event		19e. Informent's Neme/Reletionship Audrey D. B.	arnett		Meiling Address <i>(Street</i> Ol Presto				
Page nent o nent o nent: If I		20e. Method of Disposition 1 Burlel 2 Cremetion 3 Donetton 5 Other (Special Control of	20b. Removei from Stete	Pleca of I cemetery	Disposition (Name of cremetory or other ple	ce)	Dete	20c. Location - C	ify or Town, State
Deartimorphic Page Department of Important: If any Injury or and any Injury or ance.		21. Signature of Funeral Service Lice	ansee A D		22. Neme end Addre	Ва			yland 21202 Avenue
Physician /Medical Examiner		23a. Perty. Enter the disease, or conshock, or heart fellure. List only Immediate Cause (Final disease or condition resulting in death)	e. End Stag				r respiretory er	rest,	Approximate Interval Between Onset and Deeth
BOX 08/0U, ath certificate be executed stending physician and for use as the bunel-transit	as the buriel-transit	Sequentielly list conditions, if any, feeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last	b. Hepatit Due to	7S (or as a co	VIVUS		Syr	drome	8-10yrs - 10yrs
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es that the death cer igned by the ettendir be deteched for use	by Phys		ticiency,	0	pheral ne	uropathy			3 Probably 4 Unknown
aw requires been so 2 should	Completed					. /		an eutopsy med?	24b. Were autopsy findings aveliable prior to completion of cause of death?
F # 8							101	res 2 Privo	1 ☐ Yes 2 Ñ No
ding Physician: The After this certificate funeral director, pag	tion: To Be	25. Wes case referred to medical examiner? 1 Yes 2 No 27. Menper of Deeth 1 Netural 5 Pending investigation	28a. Dete of Injury (Month, Dey Year)	ER/Outp	me of 28c. Injur	4 Mursing Hon	ne 5 🗆 Resid	ne) lence 8 □Other now Injury occurre	
ital or Attending Purs after death. ral Director: After t	Certification:	2 Accident investigetic 3 Sulcide 6 Could not to determined	De Diseaseficion Aut	nome, fem			8f. Location (\$ City or Tox		or Rural Route Number,
To the Hospital or / within 24 hours after To the Funeral Dire completely filled in b	edical	29e. Certifier (Check only one) 12 Certifying Pl	hysician: To the best of my kn miner: On the basis of examin end menner steted.	owledge, o ation end/	deeth occurred et the tie or investigetion, in my o	me, dete and piece, e ppinion, deeth occurre	nd due to the o	cause(s) and man dete end pleca, en	ner as stated. d due to the cause(s)
To the Within 2 To the comple	M	29b. Signature and title of certifier			29c. Licens	e number		29d. Dete signed	(Month) Dey, Year)
NA		1//	/	N.L	1 05	1767		2/18	8 / 78
2		30. Name and address of person who	completed cause of death (Ite	m 23e) (T	ype, Print)	2 54 6	3.11.	. M	1 11767
Sta Registr	7	31. Dete filed (Month, Dey/ Year)	Repostrer's Sign	ature fonde	2		~ ev 1; }	WIL V	W OIFO



	8-0820-510 ILLIAM A.			State of	Marylan		artment of	Health and		giene) 8	0	5077	
	Physician /Medical	1. Decedant's Name WILLIAM	a (First, Middla, Las A. BOYD,						2. Data of Da Month		Yaar	3. Tima of Death 3:44 PM.	
	Examiner	4a Facility Neme (/ 2571 M	f not Institution, give ARBOURNE		nber)			BALTI		N	y of Deeth		
I	Funeral Director	5. Social Security N 218-36-9	937 1	ex EM 2□F	7. Aga (<i>In yrs</i> . 54	last birthday) Yrs.	If Under 1 Ye		8. Date of Bir (Month, Da 04/13	th ly, Year) /1943	9. Birth Cou MA	nplaca (Stata or Foraig untry) ARYLAND	
	Aaryland I show	Usual Rasidance of 10a. Stata MD	10b. County N/A			y, Town or Lo				10d. Ir			
	th with the N 23a or 28a- al be nett	10e. Street and Nur 2571 MAR	mber BOURNE AV	Έ.			10f. Zip Cod	a 230		10g. Citizen of What Country? U.S.A.			
020	72 hours after death with the Maryland "natural", or items 23s or 28s-f show collect Examiner must be notified at leted by Funeral Director	11. Merital Status 1 □ Nevar Marri 3 □ Widowad	ied 21 Marriad 4 Divorced	12. Was Daced Armed For 1 Yas If Yas, Giva Year or Da	cas? 2 XNo a	U,S. 13. Was Decedant of Hispanic Origin? (Specify Yes or No- If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1□ Yas 2☒ No Specify: 14. Race - America Black, Whita, at Specify: WHIT						i, atc.	
21215-0020	be filed within 72 ho tal Hygiena. d other than "natura event, the Medical Be Completed	(Special Special Speci	15. Decedent's Ed hify only highast gra andary (0-12)	lucation da completed) Collega (1-	-4or 5+)	(Giva	dent's Usual Oc kind of work do DO NOT use ra ETE FIN	na during most of w tired)	orking	16b. Kind of I		ndustry JDUSTRY	
	Maryland 212: d 2 should be filed within th and Mental Hygiena. 7 Is marked other than traumatic event, the M	17. Fethar's Neme	(First, Middle, Last) A. BOYD,						ama (First, Middla		name)		
Baltimore, Man	permit. Pages 1 and 2 should be filled within 72 ho Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "naturally ny Injury or other traumatic event, the Medical page. To Be Completed	MARY ANN 20e. Method of Dist 1 Burial 2 4 Donation 21. Signatura Fu	Cramation 3 ☐ 5 ☐ Othar (Specify naral Sarvice Licen	Ramoval from S	State BAS	2571 Place of Disposer CETIMORI SHINGTO	MARBOUL sition (Name o gatory or other DN CREMA Name and Ac TERLING 36 EDMOI	Place) ATORY drass of Fecility ASHTON FUNDSON AVE	Data 2/23/98 UNERAL HO CATONS	LAURE DME, INVILLE,	1230 - City or 1 L, MD	Fown, Stata	
	Physician /Medical Examiner	23a. Part 1. Entar ti shock, or hee Immediata Causa (diseasa or conditio rasulting in daath)	(Final	plications that ca	ingih			dying, such as cardi	ac or raspiratory e	errast,	1	Approximete Interval Batwaan Onset and Death	
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s, P.O. Box	that tha ded by the detachex	Part II. Other signif	icant conditions o	ontributing to dec	eth but not ras	sulting in the u	ndarlying cause	given in Pert I.				to the cause of death	
Records,	aw requir									s an autopsy ormad?	8	Wara autopsy tindings available prior to complation of causa of daath?	
Vital	ysician: lis cartific director To Be	25. Was casa rafar axaminar? 1 X Yas 2			npatiant 2			Other	aeth (Check only Homa 5 ☐ Res			IN CHED	
ion of	ath. r: Attar th na funaral	27. Mannar of Deating 1 Natural 2 Accident	h 5 Panding investigation	(Monti	h, Day Year)	28b. Tima o Injury 15 3		njury at Work? 1 ☐ Yas 2 🗹 No	Subjection	how Injury occi		self.	

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fune

Medical

State Registrar

Certification

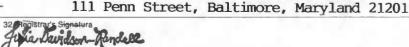
2 Accident 3 Suicida 4 ☐ Homicida

29a. Certifiar (Check only one)

0

For ler

29b. Signatura end titia of certifier



28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify)

CIL

Residence

shedy

1 Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the cause(s) end menner es stated.

Characteristics Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and dua to the cause(s) and manner statad.

29c. License number

O.C.M.E.

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

Marbourne

FEB. 19, 1998

29d. Data signed (Month, Day, Year)

2571

31. Dete filed (Month, Day, Year) FEB 2 0 1998

30. Neme and addrass of person who completed cause of deeth (Item 23e) (Type, Print)

6 Could not be datermined

CHARLES CHARLES

1.7

sician	- 1	r Anatomy Board 1. Decedent's Neme (First, Middle, I	Film G-756 2-2		nt of Health and te of Death _{RC}	2. Deta of De	Reg. No.	3. Time of Deeth
edical miner		JOSE 4e. Facility Name (If not institution, g 1772 COLBSV	ILLIZ KOAD	BATSON APT 108	4b. City, Town, or SILVIZK	FBISRUAN Location of Deet SIRI	th 4c. County N/- 1/0	998 UNKNOWN of Deeth NT GONEY-Y
ral tor		unknown	Sex 7. Aga (In yrs	s. last birthday) If Unda Months	r 1 Year If Under 24 Hrs Deys Hours Min		3. Year 24	9. Birthplece (Stete or Foreign Country) Venezuela
tor		Usuel Residence of Decedent 10a. Stete 10b. County MD Mont	6-0MBK1 9	City, Town or Location	PRINT			10d. Inside City Limits 1 ☑ Yes 2 ☐ No
by Funeral Director	2 -	10e. Street end Number 9712 COLES 11. Maritel Status unknown 1 Never Merried 2 Married 3 Widowed 4 Divorced	VILLE ROAD 12. Was Decedent Ever in Armed Forces? 11nk	10f. Zip	20 91 6 Idant of Hispanic Origin? (Socify Cuban, Mexican, Puel	Specify Yes or No to Rican, etc.)		Whet Country? LVBLAT De - American Indien, ook, White, etc. CHISPANIC
Be Completed	The state of the s	15. Decedent's (Specify only highest of Elementery/Secondery (0-12)	grede complated) College (1-4or 5+)	life. DO NOT u	ork done during most of wo ise retired)	orking	16b. Kind of Bu	usiness/Industry
		unknown 17. Fether's Neme (First, Middle, La unknown	unknown st)	Chauffe	1		e, Meiden Sumem	
-	• -	19e. Informent's Name/Reletionship	(Type, Print)	19b. Mailing Address	s (Street end Number or R	turel Route Numb	oer, City or Town,	Stete, Zip Code)
	2	20e. Method of Disposition 1 Buriei 2 Cramation 3 4 Donation 5 Mother (Spec	Removel from State	Place of Disposition (Necemetery, crematory or o	me of other piece)	Dete	20c. Location -	City or Town, State
once.		21. Signature of Logeral Service Lic Ronald S. Wad	e Director		Antomy Boar more, Maryla			more Street
an	1	23a. Pant. Enter the diseesa, or co	implications that caused the deaty one cause on each line.	ath. Do not enter the mod	de of dying, such es cardia	c or respiretory e	arrest	Approximete
						,		Approximete Intervel Between Onset and Deeth
er		Immediate Ceuse (Final disaase or condition resulting in deeth)	· ACUTIZ 1	MYDCARD	IALINP	ARCTI	ION	Intervel Between Onset and Deeth
Examiner		disaase or condition resulting in deeth)	e. ACUTIZ Due to b. ARTERIOS	MYDCARD	IAL INP	ARCTI	ION	Interval Between Onset and Deeth Ifours Black Bl
edicai		disaase or condition	e. ACUTIZ Due to b. ARTERIOS Due to	YYOCHRP (or es e consequence of) SCLEROTIC	IAL INP	ARCTI	ION	Interval Between Onset and Deeth IfOURS VEINNS
edicai Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. ACUTIZ Due to b. ARTERIO G Due to c. Due to d.	(or es e consequence of): (or es e consequence of): (or es e consequence of):	CHEART	PISE	ON BASE	Interval Between Onset and Deeth IfOURS VEINNS Intribute to the cause of death?
by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. ACUTIZ Due to b. ARTERIO Due to c	(or es e consequence of): (or es e consequence of): (or es e consequence of):	CHEART	PRCTI PISE 23b. Did	TON ASE Tobecco use con	onset and Deeth HOURS VEIARS Intribute to the cause of death?
by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest	e. ACUTIZ Due to b. ARTERIO G Due to c. Due to d.	(or es e consequence of): (or es e consequence of): (or es e consequence of):	CHEART	PRCTI PISB 23b. Did 10	Itobecco use con	Onset and Deeth HOORS YEARS Intribute to the cause of death?
Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in deeth) Lest Part II. Other significant conditions	e. ACUTIZ Due to b. ARTERIO G Due to c. Due to d.	(or es e consequence of): (or es e consequence of): (or es e consequence of):	IAL INP	PRCT/PISB	tobecco use cod Yes 2 No	ntribute to the cause of death? 3 Probably 4 Onknow -24b. Were autopsy findings available prior to completion of causa
Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Part II. Other significant conditions DIABETE 25. Wes case referred to medical exemplier?	e. ACUTIZ Due to Due to Due to C. Due to d. Contributing to death but not re S MFWITI	(or es e consequence of): (or es e consequence of): (or es e consequence of): esulting in the underlying of	IAL INP : CHEART cause given in Pert I.	PRCT/ PISB 23b. Did 1 □ 24e. Wes	tobecco use con Yes 2 □ No sen eutopsy ormed?	ntribute to the cause of death? Solution Probably Ponknow -24b. Were autopsy findings available prior to completion of cause of death? 1 Yes 2 No
tion: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Part II. Other significant conditions DIABETE 25. Wes case referred to medical	e. ACUTIZ Due to Due to b. ARTERIOS Due to c. Due to d. Due to Hospitel: 1 Inpatient 25 28e. Dete of Injury (Month, Dey Year)	(or es e consequence of): CLEROTIC (or es e consequence of): (or es e consequence of): esulting in the underlying of	IAL INP : CHEART cause given in Pert I.	23b. Did 10 24e. West perfi	tobecco use cod Yes 2 No	ntribute to the cause of death? 3 Probably 4 Onknow 24b. Were eutopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No
tion: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events rasulting in deeth) Lest Part II. Other significant conditions DIA DETE 25. Wes case referred to medical exempler? 1	e. ACUTIZ-I Due to b. ARTERIO Due to c. Due to d. Grontributing to death but not re SMEULIT Hospitel: 1 Inpatient 2 28e. Dete of Injury (Month, Dey Year)	(or es e consequence of): CLEROTIC (or es e consequence of): (or es e consequence of): esulting in the underlying of the consequence of the con	Cause given in Pert I. 26. Plece of De OA Other: 4 Nursing I Work? 1 Yes 2 No	23b. Dld 1 1 24e. Wes perfi	tobecco use con Yes 2 No s en eutopsy ormed? Yes 2 No gne) idenca 6 Oth how injury occurr	ntribute to the cause of death? 3 Probably 4 Onknow 24b. Were eutopsy findings aveilable prior to completion of cause of death? 1 Yes 2 No
tion: To Be Completed by Physician/Medical Examiner		disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events rasulting in deeth) Lest Part II. Other significant conditions Part II. Other	e. ACUTIZ-1 Due to b. ARTERICO Due to c. Due to d. c. Due to d. d. Hospitel: 1 Inpatient 20 28e. Dete of Injury (Month, Dey Year) in be 28e. Plece of Injury - At 1	(or es e consequence of): CLEROTIC (or es e consequence of): (or es e consequence of): asulting in the underlying of the consequence of): ER/Outpatient 3 DC 28b. Time of Injury M home, ferm, street, factor of the courred of the course of the cours	Cause given in Pert I. 26. Plece of De OA Other: 4 Nursing I 28c. Injury et Work? 1 Yes 2 No y, office	23b. Did 1 1 24e. Wes perfect (Check only Home 5 12 Res 28d. Describe 28f. Location City or To	tobecco use con Yes 2 No s en eutopsy ormed? Yes 2 No gne) idenca 6 Oth how injury occurr (Street end Numb	onset and Deeth HOORS VEANS DEFANS 1 Probably 4 Panknow 24b. Were eutopsy findings aveilable prior to completion of causa of death? 1 Yes 2 No Ner (Specify) red per or Rurel Route Number,
To Be Completed by Physician/Medical Examiner		Accident Continue Continue Continue	e. ACUTIZ Due to b. ARTERIO Due to C. Due to d. Due to d. Secontributing to death but not re SMELLIT Hospitel: Inpatient 25 Worth, Dev Year) 28e. Dete of Injury (Month, Dev Year) 28e. Plece of Injury - At building, etc. (Special Physician: To the best of my knammer: On the basis of exeminer: On the basis of exeminer:	(or es e consequence of): CLENOTIC (or es e consequence of): esulting in the underlying of the consequence of): ER/Outpatient 3 Do 28b. Time of Injury M home, ferm, street, factor action end/or investigetion	26. Plece of De 26. Plece of De OA Other: Work? 1 Yes 2 No y, office let the time, dete and place, in my opinion, deeth occur. License number c. License number	23b. Did 1 24e. Wespering 24e. Wespering 1 28d. Describe 28d. Describe 28d. Location (City or To	tobecco use con Yes 2 No s en eutopsy ormed? Yes 2 No gne) idenca 6 Oth how injury occur (Street end Numb wm, Stete) ceuse(s) end me date end place, 29d. Date signed	onset and Deeth HOORS VEANS DEFANS 1 Probably 4 Panknow 24b. Were eutopsy findings aveilable prior to completion of causa of death? 1 Yes 2 No Ner (Specify) red per or Rurel Route Number,

				State of Ma	ai yiai iu /		tificate of	Death		Reg. No.		, 0 , 3
	Division		1. Decedent's Neme (First, Middle, Last	I)					2. Dete of De	eth Dev	Year	3. Time of Deeth
	Physic /Medi		Irma Creswell Ba	aber					Februar		998	12:30 PM
١,	Exami		4e. Fecility Neme (If not institution, give					4b. City, Town, or	Location of Death	4c. County	of Death	
			Wilson Health Car	e Center				Gaithers	ourg	Mont	gomery	7
8.	Funeral Director		5. Social Security Number 6. Se 578-42-6087		e (In yrs. lest i 13	birthdey) Yrs.	Months Days	Hours Min.	(Month, De	th ly, Year) 12, 190	9. Birthple Country Man	ce (Stete or Foreign y) yland
	pud *		Usuel Residenca of Decedent 10a. Stete 10b. County		10c. City, To	was or too	ation				10.	d. Inside City Limits
	Maryle f sho	0	Maryland Montgom	nery	Gaith						100	1 ☐ Yes 2 ☑ No
	3a or 28e	il Director	10e. Street and Number 301 Russell Avenu	e			10f. Zip Code 2087	7		10g. Citizen of V U.s.a.		y?
020	permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heelth and Mental Phytlene. Important: If item 27 is marked other than "naturel", or items 23a or 28e-f show any figury or other traumatic avent, the Medical Examinet rout be notified at anote.	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Never Merried 4 Divorced	12. Wes Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Dates:		if	as Decedent of I Yes, specify Cub	dispanic Origin? (S an, Mexicen, Puerl Specify:	pecify Yes or No o Rican, etc.)		e - Americe ck, White, et	ic.
Ö	2 hou	P P	15. Decedent's Edu	ucetion	16	Sa. Decede	nt's Usuel Occup	pation	uter:	16b. Kind of Bu	usiness/Indu	estry
21218	d within 7 plene. r than "n	Completed	(Specify only highest gred Elementary/Secondery (0-12) 12	College (1-4or 5	i+)	(Give ki life. Di Teac	O NOT use retire	during most of word)	rking	Elemen	try S	chool
Baltimore, Maryland 21215-0020	lid be filed fental Hyg ked other ic avent,	To Be C	17. Father's Neme (First, Middle, Last) Charles Carroll	Creswell				18. Mother's Nar Catheri	ne (First, Middle, ne Weber		10)	4
lary	end A		19a. tnforment's Neme/Reletionship (T)	ype, Print)	11	9b. Meiling	Address (Street	and Number or Au	iral Route Numb	er, City or Town,	Stete, Zip C	Code)
2	end and n 27 in 27 in the		Sue Volskis/daugh	nter	-			ulevard,	Staunto	on, Virg	inia :	24401
imore	Peges 1 nent of H int: If iter iry or off		20e. Method of Disposition 1 □ Burial 2 □ Cremetion 3 □ F 4 □ Donation 5 □ Other (Specify)		20b. Place ceme	of Disposi tery, creme	ition (Neme of etory or other ple	ce)	Dete	20c. Location -	City or Tow	m, Stete
Balt	permit. Departrimporta any inju		21. Signetum of Feneral Service Licens Royal d S. Wad	e, Direct	or Wist			atomy Boa			imore	Street
			23a. Part 1. Enter the disease, or compleshock, or heart feilure. List only or	ications that ceused	the deeth. D							Approximete nterval Between
5	Physician /Medical		immediete Ceuse (Finel disease or condition		infl	1,01	7.01					Onset end Deeth
	Examiner		resulting in deeth)	à	Due to (or es	e consequ	ence of):	0	1			12
	Si B	ine		, Con	cestiv	4	heart	fai	luy		l l	
_	and and il-tren	Examiner	Sequentielly list conditions, if any, leeding to immediate		Due to (or as	a consequ	ence of):					
68760,	icate be executed physician and is the burief-trensit	edicai E	cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest	0	Due to (or as	a conseque	ence of):					
Box 6		Physician/Mec		d		_		· · · · · · · · · · · · · · · · · · ·				
B	death	sicia	Part II. Other significant conditions cor	ntributing to death bu	ut not resulting	in the und	derlying cause giv	ven in Pert I.	23b. Dld	tobacco use co	ntribute to t	the cause of death?
S, P.O	es thet the de igned by the e be deteched t	by Phy	dement	ia					10	Y00 2 10	3 Probe	ably 4 Unknown
Records,	requir been s should	Completed t							24e. Wes	an autopsy rmed?	com	e eutopsy findings leble prior to pietion of ceuse eath?
ž	The law te hes age 2	mo.							10	Yes 2 No	10	Yes 2□No
		Bec	25. Wes case referred to medical					26. Place of Dec	eth (Check only o)		
>	yalci is ce direc	ToE	examiner?	lospitel:	nt 2 ER/0	Dutpatient	3□ DOA Oth	_	lome 5 ☐ Resid		er (Specify)	
0	ding Phi h. After thi funeral		27. Manner of Deeth 1 ☑Naturei 5 ☐ Pending	26a. Date of tnjur (Month, Dey	y Year) 28b	. Time of Injury	28c. inju			how injury occur		
SIO	endir eath. or: Ai	catio	2 Accident investigetion					Yes 2 □ No				
Division of Vital	tai or Att rs efter d al Direct ed in by	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Plece of Inju building, etc	ury - At home, c. (Specify)	ferm, stree	et, factory, offica		28f. Location (: City or Tox	Street and Numb vn, Stete)	er or Rural i	Route Number,
	To the Heepftal or Attending Physicien: within 24 hours efter death: To the Funeral Director: After this certific completely filled in by the funeral director,	edical	29e. Certifier (Check only one) 1 Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifying Physical Certifier (Check only one) 1 Certifying Physical Certification Physical Cert	elclan: To the bast oner: On the basis of end menner ste	examination e	ge, death o end/or inve	occurred et the tin stigation, in my c	me, dete end plece pinlon, deeth occu	, and due to the rred et the time,	cause(s) end me date and placa,	nner es sta and due to t	ted. he ceuse(s)
	Tot with	Σ	29b. Signature and title of certifier	0	^		29c. Licens	e number		29d. Dete signe	d (Month, Di	ey, Year)
			30. Name and actress of person who co	Welleut	L W eath (item 23ā	(Tyne P	nint)	19294		tebrua	4 13	1888
			John R. Melnich	911	Russel	/ A	re. G	so; their .	2 Ma	2087	9	
	Sta	te	31. Date filed (Month, Day, Year)	32. Registre	r's Signature	* **			0 1			

FOR

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			CERTIF	CATE O	F DEATH		REG. NO			
1. DECEDENT'S NAME (First, Middle						2. DATE OF	DEATH	AY	YEAR	3. TIME OF DEATH
Charlotte E	. Bickerton					Febr				4:20 AM M
4. SOCIAL SECURITY NUMBER 220-30-3893	5. SEX 1 □ M 2 🄀 F	6. AGE (In	yrs. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF (Month, 8	BIRTH Day, Year)		8. BIRTI Count	HPLACE (State or Foreign
9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY, TOW	N OR LOCATION OF E		۷, .		UNTY OF E	
Glen Meadows		Comm	unity	Glen				Bal	timo	re
	COUNTY		10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland B	altimore		G.	len Arr	n 10f. ZIP CODE					LIMITS? 1 YES 2 NO WHAT COUNTRY?
11630 Glen A	rm Road				21057				S.A.	WHAI COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Marrie 3 X Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES	2 📉 NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 NO Spec	en, Puerto Ric		or No—	1.00	E — American Indian, ck, White, etc.
15. DECEDENT (Specify only higher			16a. DECEDENT'S	USUAL OCCUP	ATION	16b. K	IND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 8 +	.)	Me. Do NOT us	(Give kind of work done during most of working life. Do NOT use retired.) Homemaker				ne		
17. FATHER'S NAME (First, Middle, L	est)				18. MOTHER'S N	AME (First, Mic	idle Maiden	Sumama)		
John H. Elt						Ameli				
19a. INFORMANT'S NAME (Type/Prin	ahill/daugh	ter	196, MAILING 1620	Cotta	ge Lane,	l Route Number Towson	, Mai	m, State, Z Cylar	nd 21	286
20a. METHOD OF DISPOSITION 1 Gurial 2 Cremation 3 (4 XDonation 5 Other (Specif		20b.	PLACE OF DISPOS other place)	SITION (Name of	f cometery, cremetory or		20c. LC	CATION -	- City or 1	Town, State
21. SIGNATURE OF FUNERAL SERVICE S.	ICE LICENSEE Dire	ctor		26 HAM	FAND ADDRESS OFF	ACILIENDAT	d 65°	5 W.	Ra1t	timore St.
M toppered	All hards	2/	490		timore, M	-	-		2021	
23. PART I. Enter the disease ahock, or heart fo	es, pr complications the	t caused	the death. Do r	not enter the	mode of dying, su	ch aa cardie	c or reap	iratory a	rreat,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	.Am	40	trop	hic (Aterno	Sc	Ler	520	5	6 month
Commendate New york and distance	DOE 10	(OH AS A I	CONSECUENCE O	r):						
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A	CONSEQUENCE O	F):						
CAUSE (Disease or injury	C. DUE TO	(OR AS A (CONSEQUENCE O	F)·						
that initiated events resulting in death) LAST	4									ĺ
PART II Other significant on	nditions contribution to	do ath hu	1 mai mandila	In About 1	tale a service alone 4	- David La				
PART II. Other algnificent co	national contributing to	death bu	t not resulting	in the under	lying cause given i	n Part I.	PERFO		7 24	MAILABLE PRIOR TO
			·			- 1	1 TYES	2 NO		COMPLETION OF CAUSE OF DEATH?
						-				1 TYES 2 NO
25. WAS CASE REFERRED TO MED	ICAL T					26				
EXAMINER?	HOSPITAL:	I mana a l		QTHER:	6. PLACE OF DEATH (C					
27. MANNER OF DEATN	1 Inpatient 2 28a, DATE OF		28b. TIN		Home 5 Residence	_	Specify)	INJURY O	CCUBED	
1 Natural 5 Pendir 2 Accident Investi	(Month, E		IN	JURY	WORK?	200, 5200	MOE NOW		0001125	
3 Suicide 6 Could 4 Nomicide determ	not be building,	etc. (Specif	— At home, farm,	street, factory,	offica		TON (Street Town, State		er or Rural	l Route Number,
CONDON ONLY	2 PHYSICIAN: To the best of a XAMINER: On the basis of a									(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CO.	Thony Re	Cer	MU		DOS.					ED (Month, Day, Year) VAry 13,1998
30. NAME AND ADDRESS OF PERS	GBMC 6	SE OF DEA	TH (ITEM 27) (Type	p, Print)	7. BALT		12			
3L DATE FILED (Month, Day, Year)	# 32, REGISTRA	AR'S SIGNA	TURE	~ L ~ J	· Open	0. 71	-	501		
1 FB % 0 1338	June David	son-A	moles and							

BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

Charlette Bickerton

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

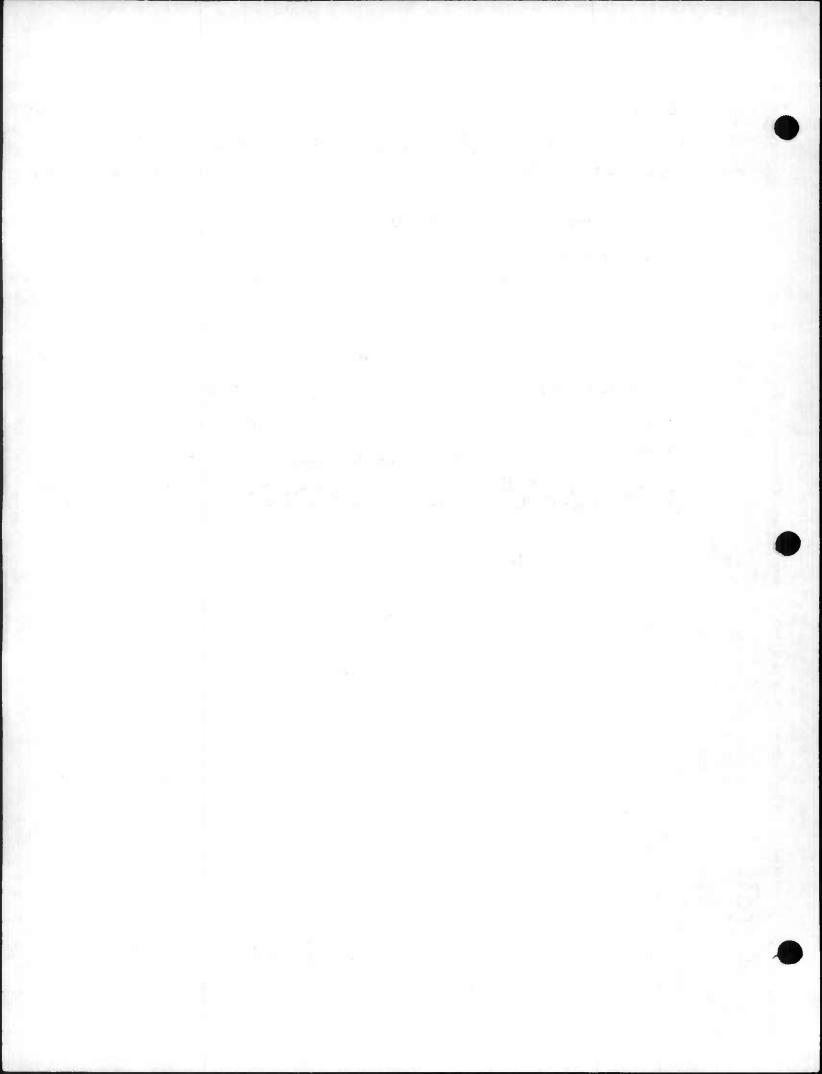
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DNMH-18 Rev 1/89

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month Physician Joanna Isabel Bolander 12:41 PM February 1998 3 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Ellicott City St. Agnes Nursing and Rehabilitation Center Howard 8. Date of Birth (Month, Dey, Year)
April 5, 1906 Maryland 5. Social Security Number If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□M 2XF 216-80-7099 91 Yrs. Director Usual Residence of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r 28a-f show 1 ☐ Yes 2 No Maryland Howard Ellicott City Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumetic svent, the Medical Examiner must be a 3000 North Ridge Road 21043 United States permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or itema 23a any Injury or other traumatic avent, the Modical Examiner man 1006. Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 (X)No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Ricen, etc.) 14. Race - Amarican Indian, 11. Marital Status Black, White, etc. 1 Navar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify. White à 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coilege (1-4or 5+) Homemaker Own Home 12 18. Mother's Neme (First, Middle, Maiden Sumame) 17. Father's Name (First, Middle, Last) Frederick Weller Mary Wren Lee 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Joanna Cox/Cousin 1306 Argonne Drive Baltimore, Maryland 21218 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 N Burial 2 ☐ Cremation 3 ☐ Removal from State New Cathedral Cemetery 2-7-98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Addrass of Facilit 21. Signature of Funeral Service Licensee Mitchell-Wiedefeld Home, Inc. 6500 York Road Baltimore, Maryland 21212 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset and Death **Physician** /Medical immediate Ceuse (Final disease or condition resulting in death) 1 Week Renal Failure Examiner Due to (or es a consequence of): Examine Dehydration 1 Month physician and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, 5 Years Dementia Physician/Medical Due to (or as a consaquance of): ettending pt 5 Years Multiple Cerebral Infarcts signed by the e 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 3 Probably 4 Unknown 1 ☐ Yes 2 No ò 24b. Were autopsy findings available prior to completion of cause of death? should I 24a. Was an autopsy performed? Completed cartificete hes b lirector, pege 2 s 1 Yes 2 No 1 ☐ Yes 2X No or Attending Physician: director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) To Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Certification: Aftar 5 Pending investigation s efter dea. 1 ☐ Yes 2 ☐ No 2 Accidant the Funeral Directory filled in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piace of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide Hospital 24 hours e 29a. Certifier 🔀 Certifying Physician: To the best of my knowledge, death occurred et the time, date and plece, and due to the ceuse(s) end menner as steted. Medical To the Hosp within 24 ho To the Fune completely fi (Check only 2 Medicat Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner steted. 29c. Licansa number 29d. Data signed (Month, Day, Year) 29b. Signature and title of certifier D 29909 February 3, 1998 30. Neme and address of person who completed cause of deeth (item 23a) (Type, Print) Scott T. Maurer, M.D. 9501 Old Annapolis Road Suite 200 Columbia, MD 21042 31. Date filed (Month, Day, Year) 32. Registrar's Signature State sha Davidson-Randell FEB 2 0 1998 Registrar

Items:20a-	Ср	er FH G-756 2/20/98 dh	State of	Marylar	nd / Depa <i>Cei</i>	artment rtificate	of H	ealth a D <i>eath</i>	nd M		giene 9 8	05	508	2
Physic /Med		1. Decedent's Name (First, Middle, La	CLI	APP	4					2. Date of De Month	Day 19	Year 98	3. Time o	of Death 55pm
Exam		4a. Facility Name (II not institution, giv	Mar	ylan		osp.		Bin	TIN		N	of Death		,
Funera Director		5. Social Security Number 6. S 029–16–3400	ex 7 □ M 2 □ (T) F		(ast birthdey)	If Under 1 Months	Yeer Days	If Under 2 Hours	Min.	8. Date of Bir (Month, Da MAY 14	th, Yeer) , 1925	9. Birthpla Counti Massa	ry)	or Foreign etts
the Maryland 28a-f show	tor	10a. State 10b. County Md . Howar	d		y, Town or Lo kridge							10	d. Inside C	City Limits
h with the	ai Director	10e. Street and Number 6391 Rowanberry	Dr,			10f. Zip C	210	75			10g. Citizen of V		ry?	
5-0020 The Maryland The Maryland street, or terms 23a or 28a-f show steet Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 ☑ Divorced	12. Wes Deced Armed Ford 1 Tes 2 If Yes, Give Year or Dat	es?		Was Deceder f Yes, specify 1 ☐ Yes 2		spanic Orig n, Mexican, Specify:	in? (Spe Puerto	ecify Yes or No Rican, etc.)	14. Rac Blac Specify	e - America ck, White, e		
X 5 . 2 4	Completed b	15. Decadent's Ed (Specify only highest gra Elementary/Secondery (0-12)	ducation		16e. Deced (Give life. I	dent's Usual (kind of work DO NOT use	Occupa done d retired,	ation lu <i>ring</i> most	of worki	ing	16b. Kind of B	usiness/Indu	ustry	
Iryland 212 should be filed with nd Mental Hygiene. marked other than	Be	9 17. Father's Name (First, Middle, Last) Phillippe Parad			(Colleg	е				College Meiden Sumen tonguay		er Ed	ducat.
Alar 2 sh and 18 m	To	19a. Informant's Name/Relationship (Kim Clapp - son						and Number	r or Aure		er, City or Town,	Stete, Zip 6		
Pege Pege nent o		20a. Method of Disposition 1 State 2 Cremation 3 4 Donation 5 Other (Specific		20b. F	Place of Dispo cemetery, cren It more.	sition (Name	of			Dete 23/98	20c. Location -		vn, State	
Baltimo permit. Peg Depertment Important: It any injury o		21. Signature I Funeral Service Liver 21. Part1. Enter the disease, or com shock, or heart fellure. List only	11		G:	Name and Bry L. 250 Wa	Kai	ıfman	Fun	eral Ho	ome @ Me	adowr Md.	idge 21075	
Physician /Medical Examiner		Immediate Ceuse (Finel disease, or com shock, or heart feilure. List only Immediate Ceuse (Finel disease or condition resulting in death)		kemi		er the mode	of dying	g, šúch es d	cardiac c	or respiretory e	rrest,		Approxima Interval Be Onset and	etween
uted ansit	Examiner		b. ————		or as a consequence or as a consequence	,								
. Box 68760, death certificate be executed e attending physician and id for use as the burial-transit	dical Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c. — Due to (or es e consequenca of):											
		L	d											
P.O hat the od by th	by Physician/M	Part II. Other significant conditions of	ontributing to dea	th but not res	ulting in the u	nderlying cau	use give	en in Part I.			tobecco use co Yes 2□ No		1	of death? Unknown
aw requir	Completed b	-									an autopsy omed?	ava	re autopsy ilable prior apletion of leath?	rto
- F # d	Be Com	25. Was case referred to medical						26. Plece	of Deat	t [Check only	1	1 🗆	Yes 2	XN0
\$ 00 D	2	examiner? 1	28a. Date of		ER/Outpatier 28b. Time of Injury		Othe c. Injury Work	4 LI NUI			denca 6 Oth)	
Division o To the Heepital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Placa o	f Injury - At h g, etc. <i>(Specil</i>	ome, farm, str	М	1 🗆 \	Yes 2□N			Street and Numl wn, Stete)	per or Rural	Route Nur	m <i>ber</i> ,
Div To the Hospital or A within 24 hours effer To the Funeral Direc completely filled in by	edical C	29a. Certifier (Check only one) CertifyIng Ph	ysician: To the b niner: On the bes and manne	Is of examina	wledge, death tion and/or inv	occurred et vestigation, In	t the tim	e, date end pinion, deat	place, a	and due to the ed et the time,	ceuse(s) and madate and place,	anner as ste end due to	ited. the ceuse	(s)
vithin To th	Me	29b. Signature and title of certifier Muengluly	RX			29c. I	License	number 97	47		29d. Date signe			
0#15		30. Name end eddress of person who	completed cause	of death (Item		Print)	rsi	40	FN	n Anyc	02-J	Hosp	0	
St Regist	ate rar	31. Date filed (Month, Day, Year) FFR 2 0 19		gistrar's Signa	sture Range	tell								



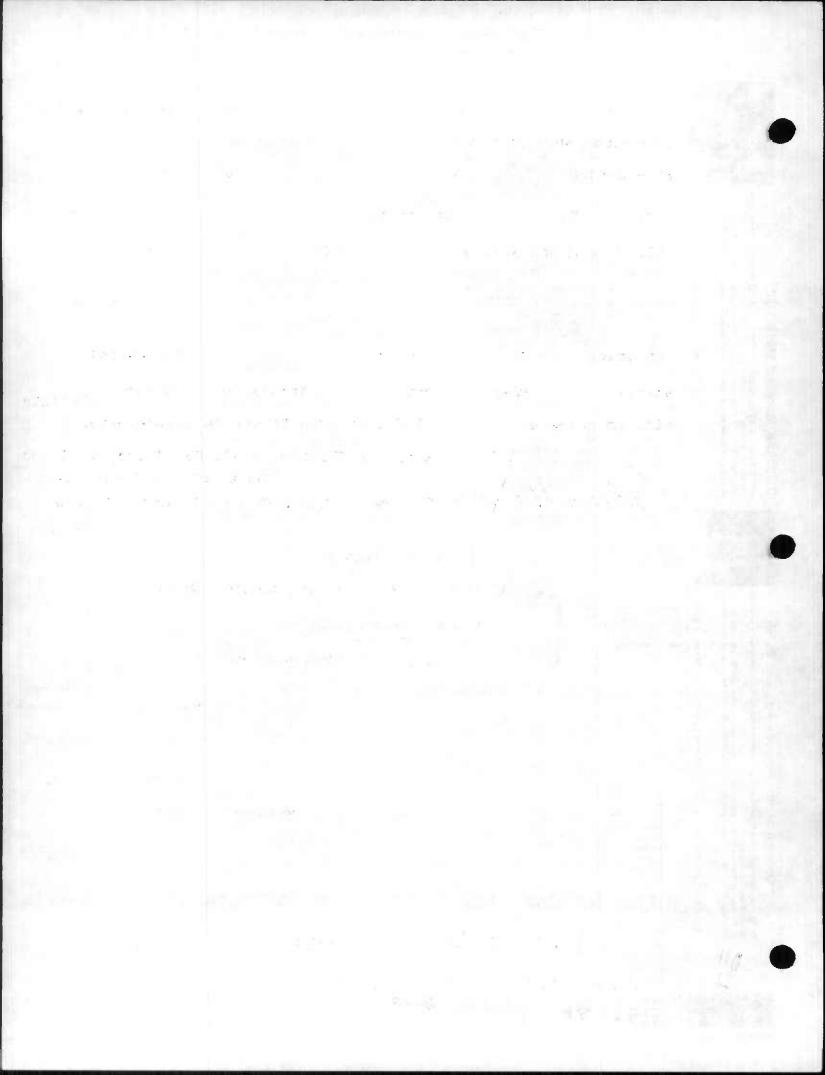
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1 Decedent's Name (First, Middle Last) 2. Dete of Deeth **Physician** 18, Causion Feb. 98 2:30am Carrie /Medical 4b. City. Town, or Location of Deeth 4c. County of Death 4e Fecility Neme (If not institution, give street end number) **Examiner** Ravenwood Nursing Center NA Baltimore 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 X F Months Deys Hours Min Yrs. 73 05-01-24 MD. Director 217-20-4600 Usuel Residence of Decedent the Meryland 10d. inside City Limits 10e Stete 10h County 10c. City. Town or Location 28a-f show 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examinat must be notified as MD. Baltimore X X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21202 1121 Greenmount Avenue USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14 Rece - American Indien Bleck, White, etc. filed within 72 hours after Hygiene. ther than "natural", or ite 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Married 2 Merried 1 ☐ Yes 2√ No Specify: Saltimore, Maryland 21215-0020 Specify: Black þ 3 Widowed 4 □ Divorced 15. Decadent's Education (Specify only highest grede com 16e. Decadent's Usuel Occupation 18b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) completed) Elementery/Secondery (0-12) College (1-4or 5+) 7th Grade Cook Restuarant permit. Peges 1 and 2 should be file Department of Health and Mental Hy, Important: if item 27 is marked othe any injury or other traumatic event, pages. 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Neme (First, Middle, Last) 2 Edward Morris Foote Amanda E. Winder 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21218 19e. Informent's Neme/Reletionship (Type, Print) 706 East 20th Street Baltimore, Maryland William Causion 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other pleca) Dete 20c. Location - City or Town, Stete 1X Burlel 2 ☐ Cremetion 3 ☐ Removel In State Bazil AME Ch. Cem. 02-21-98 Cockeysville, Md 4 ☐ Donetion 5 ☐ Other (Specify) Signature of Funeral Service Licenses 22. Name and Address of Fecility Baltimore, Maryland 21202 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest,

Approximet Approximate intervel Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) BRAIN " Examiner Examiner LUNG DISEASE CHRONIC OBSTRUCTIVE that the death certificate be executed physician and the buriel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequenca of): PULMONALE Box 68760. OR Physician/Medical Due to (or es e consequenca of): HEART FAILURE 88 ONGESTIVE 23b. Did tobacco usa contribute to the cause of death? ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. been signed by should be detact 1 Yes 2 No 3 Probably 4 Unknown þ The law requires 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed hes 1 Yes 2 No 1 Yes 25 No certificate After this certification, funeral director, p or Attending Physician: 26. Plece of Deeth (Check only one) Be 25. Wes case referred to medical exeminer? Other: 4 Vursing Home 5 Residence 6 Other (Specify) 0 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 27. Menner of Deeth 28e. Date of Injury (Month, Dev Year) 28b. Time of 28d. Describe how injury occurred Certification: 5 Pending investigation Injury 1 Naturel 1 ☐ Yes 2 ☐ No death. 2 Accident 24 hours after deatl 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide Hospital 29a. Certifier 🔀 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and mannar as stated. edical completely 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. (Check only one) within 2 the 29d. Date signed (Month, Day, Year) 29b. Signeture end title of certifier 29c. License number Intelled Mg D32700 DA 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 821 N. EUTAW ST. BALT MD 21201 KUTOKHAR MD ANWAR 31. Dete filed (Month, Dey, Yeer State FEB 2 0 1998

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month sodende 1:25 A.M February 1998 City, Town, or Location of Death 4e. Fecility Nama (If not institution, give street and number) 4c. County of Death . Kandallstown Elder Baltimore Genesis If Under 1 Year If Under 24 Hrs. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 2□ F 43 Yrs. 62-1355 Usual Rasidence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Pandalls town 1 ☐ Yes 2 No Md 10a. Citizen of Whet Country? 4.5 8602 2//33 12. Was Decedent Ever in U,S. Armed Forces? 1 □ Yes 2 (ŽNo If Yes, Give Yaer or Dates: Race - American Indien Black, White, etc. 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Ricen, atc.) 1 ☐ Never Married 2 ☐ Married Black 1 ☐ Yes 20X0No Specify: 3 ☐ Widowed 4 ☑ Divorced 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed) Bakery Elemantary/Secondary (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last) NA 18. Mother's Neme (First, Middle, Maidan Surnama) Chavis Elouisa Grice 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Route Numbar, City or Town, State, Zip Code) 21/33 Randallstown, md -Mother louise 20e. Mathod of Disposition Location - City or Town, Stata 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from Stata 249-98 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Balto, Md wabash Henye Approximata Intervel Between Onset end Death Immediate Cause (Finel disaesa or condition resulting in death) infection Sequantially list conditions, if eny, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Dua to (or as a consequence of) Due to (or es a consequence of): Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? Valvular Heart Disease 1 ☐ Yee 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings available prior to complation of cause of death? ENOSCARD, his 24a. Wes en eutopsy performed? 25. Wes casa referred to medical exeminar? 26. Placa of Daath (Check only one) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28e. Data of Injury (Month, Day Year) 27. Mannar of Daath 28b Time of 28d. Dascribe how injury occurred 28c. Injury et Work? 1. Naturel 5 Panding 1 ☐ Yes 2 ☐ No investigation

Box 68760 Physician/Medical P.O. 3 Division of Vital Records, by Completed Hospital or Attending Physician: 24 hours efter death. Funeral Diractor: After this certifica Certification: To the Hospital or Atter within 24 hours effer ded To the Funeral Director completely filled in by th

Physician

/Medical

Examiner

Director

Funeral

p

Completed

Be

Director

7 is marked other than "natural", or itams 23s or 28a-f show traumatic event, the Medical Examinat must be notified at

permit. Pages 1 end 2 should be filed within: Department of Health and Mental hygiene. Important: If Item 27 is marked other than "re any Injury or other traumatic event, I'm Med

Physician

Examiner

Baltimore, Maryland 21215-0020

6 Could not be determined

1 Yes 2 No

Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

2 Accident

3 Suicide

4 Homlcida

Cartifying Phyeician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred et the time, date and place, end due to the cause(s) and manner stated.

29b. Signature and title of centiler

FEB 2 0 1998

Attending MD covering for Dr Cabbell

29c. License number

29d. Date signed (Month, Day, Year)

and address of person who completed ceusa of daath (Itam 23a) (Type, Print) taul

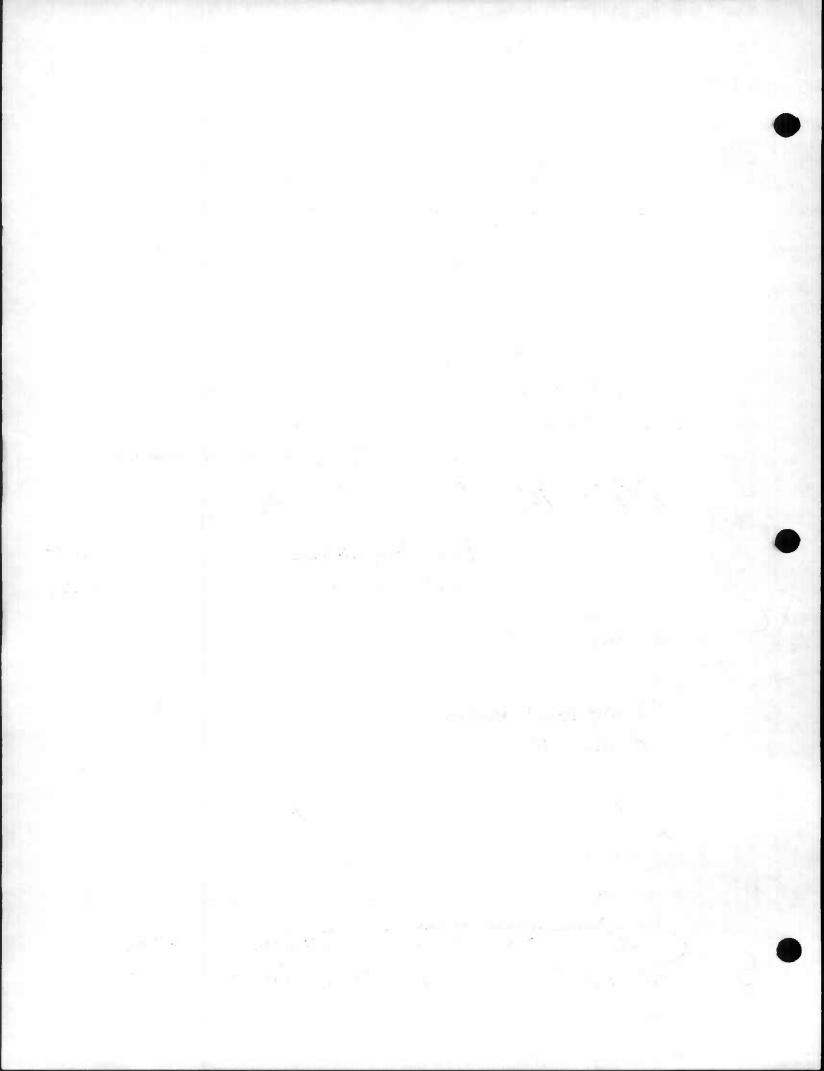
4000 Old Court Rd#203 Schwartz M.D. 31. Dete filed (Month, Day, Yaar)

28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify)

State Registrar

Medical

Suna negistrar's Signatura see



98-0796-510

FREDERICK

COUNTESS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental	Hygiene
Certificate of Death	Reg. No.

3. Time of Death

8:00A.M.

Birthplece (State or Foreign Country)

Md

10d. Inside City Limits

NYes 2 No

Yeer

14. Rece - American Indian,

Black

21215

24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth?

1 ☐ Yes 2 ☐ No

111 Penn Street, Baltimore, Maryland 21201

Approximete Intervel Between Onset end Deeth

Black, White, etc.

Specify:

1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** Р. Countess FEBRUARY Frederick 17,1998 /Medical 4b. City, Town, or Location of Death 4e Facility Neme (If not Institution, give street and number) 4c. County of Deeth Examiner SINAI HOSPITAL BALTIMORE If Under 24 Hrs. If Under 1 Yeer 8. Date of Birth (Month, Dey, Year) 8-16-1931 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Hours Deys 215-28-2029 1 M 2 □ F 66 Director Usuel Residence of Decedent the Marylend 10c. City, Town or Locetion 10e Stete 10b. County 28a-f ahow other traumatic event, the Medical Examiner must be notified at Baltimore Md N/A Directo 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 21215 USA 3631 Beehler Avenue Rems 23s Funeral death permit. Pages 1 and 2 should be filed within 72 hours effer deat Deportment of Health end Mental Hygiene. Important: if item 27 is marked other themany injury or other trauments. 12. Was Decedent Ever in U,S. Armed Forces? XIX Yes 2 □ No ff Yes, Give Yeer or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Meritel Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2/CXNo Specify: þ 3 ☐ Widowed 4 ☑ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Westinghouse Elementery/Secondery (0-12) College (1-4or 5+) Steel Metal Machinist 12th grade years 18. Mother's Neme (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Mabel Lewis Frederick F. Countess 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Wendell B. Countess-Son 15 Yuma Court Randallstown, Md 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremetlon 3 Removel from State 4 Donetion 5 Other (Specify) Garrison Forest Vet 2-23-98 Owings Mills, Md 22. Name and Address of Fecility 21. Signeture of Funerel Service Licensee F/H West March Wabash Avenue Baltimore, Md 4300 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. **Physician** fmmediate Ceuse (Finel disease or condition resulting in deeth) /Medical · Hypertensin Cardiovascular Examiner Examine Sequentielly list conditions, it eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): physician Physician/Medical the Due to (or es e consequence of) 8 880 Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contribute to the cause of death? à 1 Tos 2 No 3 Probably 4 Unknown Comphysema peudis Division of Vital Records, à 24e. Wes en eutopsy performed? Completed INSPECTION certificate has page 2 1 ☐ Yes 2\0\0\0\0\0 25. Wes cese referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 報 28e. Dete of Injury (Month, Day Year) funeral 27. Mannet of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: Atter 5 ☐ Pending investigation 1 Naturel or Attending 1 | Yes 2 | No 2 Accident after deatl Director: 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital within 24 hours I To the Funeral I 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

**Medical Examiner:* On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner stated. edical 29a. Certitier (Check only one) To the 29c. License number 29d. Dete signed (Month, Dey, Year) 29b. Signeture and title of certifier FEBRUARY 18,1998 O.C.M.E.

Chute Dennis J. 31. Dete filed (Month, Day, Year)

32. Registrer's Signeture

State Registrar

Randelle

Churce no 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

- 1967 - .

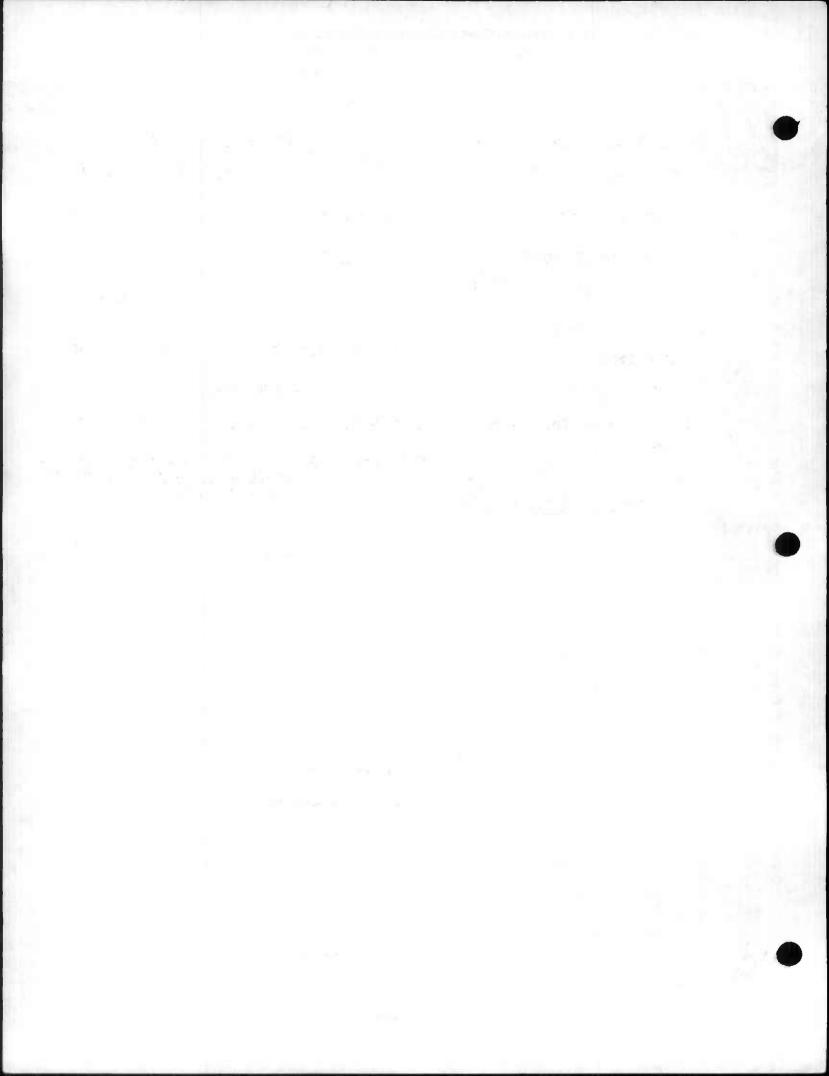
State of Maryland / Department of Health and Mental Hygiene ?

05086 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** COATES HELEN 3.45 AM FER /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GOOD SAMARITIAN HOSPITAL BALTIMORE CITY N/A | If Under 1 Yeer | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, OCT 19 5. Social Security Number 9. Birthplece (State or Foreign 7. Age (In yrs. last birthday) **Funeral** 1□M aXXF MARYLAND Yrs. Director 215-30-8458 66 Usuel Residence of Decedent with the Marylend 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits items 23s or 28s-f show 1 XYes 2 No Director MARYLAND BALTIMORE CITY N/A 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code U.S.A. 1018 DARLEY AVENUE 21218 death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes ② ZNO If Yes, Give Yeer or Dates: 11. Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. the Medical Examiner should be filed within 72 hours after ond Mental Hygiene.

marked other than "natural", or ites 1 ☐ Never Married 2 💢 X larried altimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Specify: BLACK P 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) CHILD CARE PROVIDER SELF EMPLOYED 12th grade permit. Pages 1 end 2 should be file Depertment of Heelth end Mental Hy Important: If Item 27 is marked other any linjury or other traumatic event. OREs. 18. Mother's Name (First, Middle, Meiden Surname) 17. Fether's Neme (First, Middle, Last) Be ALBERT SMITH GENEVA SMITH 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zlp Code) 1018 Darley Avenue, Baltimore, Maryland 21218 Melvin Coates, Sr./ Husband 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Kuriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) ARBUTUS MEMORIAL PARK 2-21 BALTIMORE, MARYLAND 21. Signeture of Funeral Service Ligarian 22. Name end Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23a. Pert1: Enter the disease, or complications that caused th shock, or heart feilure. List only one ceuse on each line. caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between **Physician** /Medical Immediete Ceuse (Final OVARIAN 34 EARS LARCINOMA diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) physician end s the burial-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to Immediete cause. Enter Underlying Couse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760, Physician/Medical Due to (or es e consequenca of): ettending | the bed Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 | Yes 2 No 3 | Probably 4 | Unknown þ 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? is need 24e. Wes en eutopsy performed? Completed has 9 2 s certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐-No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, it 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 219 No 1 Yes Dete of Injury (Month, Day Year) 27. Manner of Deeth Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 \ Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. edical 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) WEMER DOCTOR 30. Name end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) ATTROGRE, THE GOOD SAMHERTAN HOSPITAL OF MURYLAND INC FRANCIS KWASHIE 31. Date filed (Month, Day, Year) State Registrar EER 2 0 1998



Months

HEEMAN

State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death

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CC	PATESON
	Physician
	/Medical
5 11	Examiner

1. Decedent's Nama (First, Middla, Last) BROWN HERMAN DATESON 4a Facility Nama (If not institution, give street end number)

1 X M 2 □ F

2. Date of Death Day Month Vaar 17,1998 FEBRUARY

8. Deta of Birth (Month, Day, Year)

4c. County of Deeth

3. Time of Deeth 2:55P.M.

Funeral

UNION MEMORIAL HOSPITAL 5. Social Security Number

BALTIMORE 7. Aga (In yrs. last birthday) Days

9. Birthplace (Stata or Foreign Country) JAMAICA, W. Z

Director

Director

Funeral

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Completed

10

Examiner

Physician/Medicai

Aq

Completed

Be

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Certification:

Medical

7 is marked other than "natural", or items 23s or 28s-f shot traumstic event, the Modical Examines, must be notified as

Hygiene.

Pages 1 and 2 should be fill mant of Heelth and Mental Hy ant: If item 27 is marked oth

other t

Department of important: If any injury or injury or

Physician /Medical

Examiner

physician end the burial-trans

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To the Vithin 2

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funeral

or Attanding Physician:

certificate be exec Box 68760

Division of Vital Records, P.O.

the Marylen

death

filed within 72 hours after

Baltimore, Maryland 21215-0020

Usual Rasidance of Decedant 10b. County 10e State

10c. City. Town or Location BALTIMORE

Yrs.

10d. Insida City Limits 1 Yas 2 □ No

10e. Street and Number

216-11-8806

Loldspring

10f. Zip Coda 21215 10g. Citizan of What Country?

11. Marital Status

1 ☐ Nevar Married 2 Married

12 Was Decedant Evar in U.S. Armad Forcas?
1 ☐ Yas 2 No

 Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 1 ☐ Yes 2 No Specify:

Hours

14. Race - American Indien, Biack, Whita, atc. Specify: Black

Jamaica

3 ☐ Widowed 4 ☐ Divorced

15. Decedant's Education (Specify only highast grada completed) Collaga (1-4or 5+)

16e. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DQ NOT usa ratired) PAINTER

22. Name end Addrass of Facility

16b. Kind of Businass/Industry BURTON AND BURTON

Elementary/Secondary (0-12) 17. Fathar's Neme (First, Middle, Last)

UNKNOWN

18. Mothar's Nama (First, Middla, Maiden Sumame) Mighty Louise

4b. City, Town, or Location of Death

19a. Informant's Name/Ralationship (Type, Print)

Coateson Wite 19b. Melling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda)
2847 W. Coldspring Lone
BALTIMORE, MARYLAND ZIZI5

Louise 20a. Mathod of Disposition

1 ☑ Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata

20b. Place of Disposition (Name of cemetery, crematory or other place) WOODLAWN (EMETER)

Data 20c. Location - City or Town, Steta 2/23/98 WOODLAWN, MD

4 □ Donation 5 □ Othar (Specify) 21. Signatura of Funaral Sarvice Licensaa

Harris e ray 23e. Pert1. Enter the disease, or complications thet caused the death. Do not antar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. List only one cause on each line.

CHATMAN- HARRIS Funeral 5240-44 Reisterstown Rd. BALTIMORE, MARYLAND 21215

Home

Immediata Cause (Final disaasa or condition rasuiting in daath)

Dua to (or as a consequence of):

Approximete Intarvel Batween Onsat and Death

Sequentially list conditions, if eny, laading to immediate ceusa. Enter Undarfying Cause (Diseesa or injury that initiated avants rasulting in death) Last

Dua to (or as a consequence of):

Due to (or as a consequance of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yea 2 No 3 Probably 4 Unknown

24e. Was an autopsy re ch 1□ Yas

24b. Wara autopsy findings available prior to completion of cause of death?

28f. Location (Streat and Number or Rural Routa Number, City or Town, State)

1 ☐ Yas 2 No

25. Was cesa rafarrad to medicei axaminar? Yas 2□ No

3 Sulcida

4 Homicida

27. Mannar of Death 5 Panding 1 Natural 2 Accidant

28a. Data of Injury (Month, Day Year) investigation 6 ☐ Could not be determined 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 28c. Injury et Work? 1 Yas 2 🗌 No

26. Placa of Daath (Check only ona)

28d. Dascribe how Injury occurred

29a. Cartifiar (Check only one)

1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, date end plece, end due to tha ceuse(s) and manner es stated. Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated.

29b. Signeture and title of certifian

29c. License number

29d. Date signed (Month, Day, Year)

O.C.M.E.

FEBRUARY 18,1998

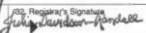
30. Nama and addrass of parson who completed cause of death (Itam 38a) (Type, Print)

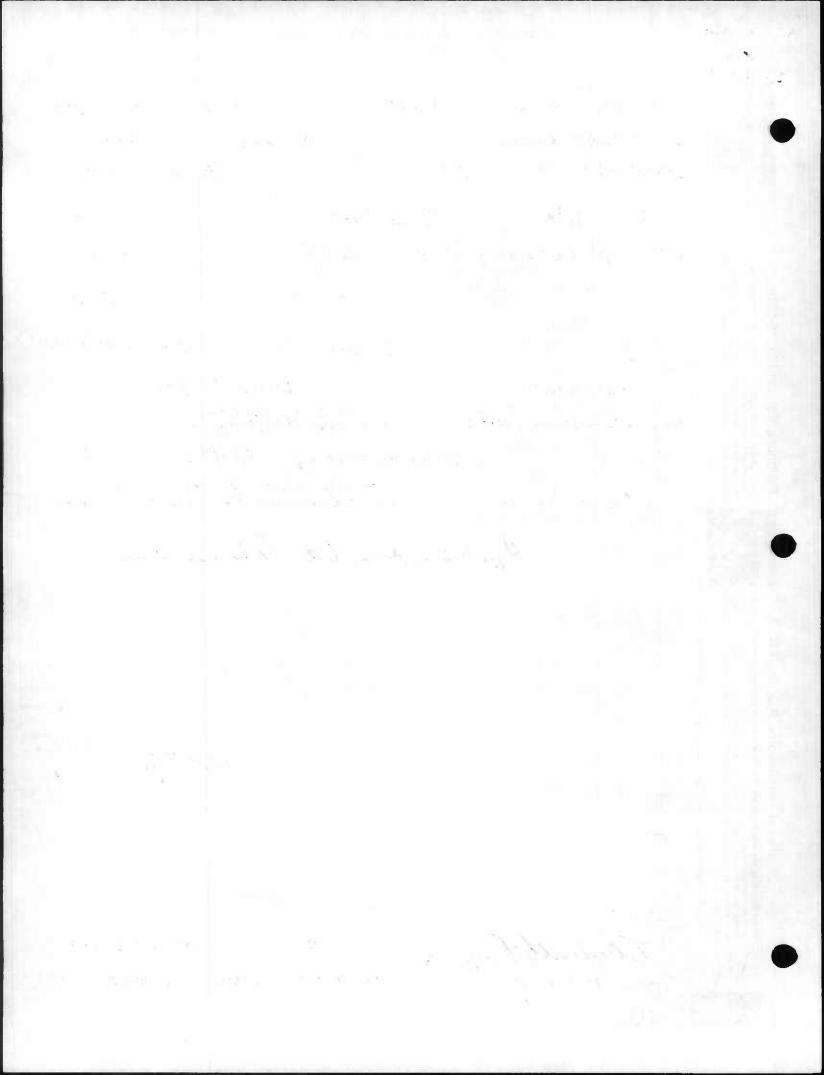
THEYOORE MIKIN 31. Data filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

FEB 2 0 1998





DHMH 16 Rsv 6/95

Physician /Medical

1. Decedent'a Name (First, Middle, Last)

	Physician	JEREMIA	AH M	ICHAEL	DF	LEY, S	r.		February	17,199	8	3:58 pm	
	' /Medical Examiner	CONTRACTOR CONTRACTOR	(If not institution, give abeth's H		ber)			4b. City, Town, or Baltimo	Location of Deet	h 4c. County	of Death	0.30 pm	
	Funeral Director	5. Sociel Security 215-22-3 Usual Residenca	3234	Sex 7 M 2□ F	7. Age (In yrs. 86	last birthdey) Yrs.	If Under 1 Year Months Deys		(Month, Di	th ey, Year) L3, 1911	9. Birthple Counti	ace (State or Foreign ry) Md.	
imore, Maryland 2	ylend	10a. State	10b. County		10c. Cit	y, Town or Loc	ation				10	d. Inside City Limits	
	a-fat	Md. N/A			Ba	ltimor	e					1⊠ Yes 2□ No	
	or 26	10e. Street and N					10f. Zip Code			10g. Citizen of Whet Country?		ry?	
	a 23a	3320 Benson Ave.				0 40 14	21227			USA			
	ours after deeth with the Marylen et, or items 23a or 28a-f show Examiner must be notified at by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced		12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates:		lf lf	13. Was Decedent of Hispenic Origin? (Specify Ye If Yes, specify Cuben, Mexican, Puerto Rican, 1 □ Yes 2 ☑ No Specify:			es or No- etc.) 14. Rece - American Indian, Black, White, etc. Specify: White			
	ed within 72 hours ygiena. er than "neturel; it, tre Madical Exy Completed by	15. Decadent's E (Specify only highest gro				16e. Decedent's Usuai Occupation (Give kind of work done during most of work			rking	16b. Kind of Business/Industing			
	withir and the Man	Elementary/Secondary (0-12)		College (1-4or 5+)		'life. DO NOT use retired) Customs Inspector				U. S.	Gov	Vernment	
	三工五年 4	17. Father's Name (First, Middle, La		2		Custo	us mspe		me (First, Middle	, Maiden Suman		Government	
	D # D # W	Jeremiah			Daley			Mary			Farre	ell	
	AS DE S	19a. Informant's I	Name/Reletionship (Type, Print)		19b. Mailin	Address (Stree	et end Number or R	ural Route Numb	er, City or Town,	State, Zip	Code)	
	12 F 12	Mrs. Mar	y Mojzise	k/daught	er	4005	Pinedale	Dr. Bal	timore,	Md. 212	36		
	of Heal of Heal of Itam 2 r other	20a. Method of Di	isposition 2 Cremation 3 C	Demovel from S		Place of Dispos cemetery, crem	ition (Neme of atory or other pla	ace)	Date	20c. Location -	City or Tov	vn, Stete	
	nit. Pages artment of ortant: If tu injury or o		5 Other (Specif		St.	Josep	h Fuller	cton	2/21/98	Parkvi	lle,	Md.	
Balt	pemit. Pag Department Important: I any Injury o	21. Signature of F	Funeral Service Lipps	1000		and the same of th	Name and Addr	ess of Facility Son Funer	al Home	Tng			
ш	ZOE # 9	11)2	~	- (9	und			Rd. Tows					
		23a Bartf. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.										Approximate Interval Between	
	Physician / /Medical	Immodiate Cause	/Einel	2								Onset and Deeth	
	Examiner	Immediate Cause (Final disease or condition resulting in death)									DAY		
	<u> </u>	N. S.			Due to (d	or as a consequ	uence of):				i		
	eeth certificate be axecuted attending physician end for use es the burial-transit clary. Medical Examiner	Sequentially list of	conditions	b	Due to (c	or es e c <i>on</i> sequ	uenca of):						
o,		Sequentially list of if any, leading to cause. Enter Und Cause (Disease of	immediate derlying										
Box 68760,	o deeth certificate be the attending physicial and for use as the bu sician/Medical	that initiated events The sufficient of the suff											
9 ×	ding p	ž de la dela de											
Bo	eth c			0									
o	0 0 0	Part II, Other sign	ificant conditions of	ontributing to dea				iven in Part I.		~		the causs of death?	
9	as that the igned by the be detact	CONSESTIVE HEART FAILURE 10 YOU 30P								3 Prob	ably 4 Unknown		
Division of Vital Records, P.O or Attending Physician: The law requires that the	The law requiras the sate has been signed page 2 should be d	AORTIC STENDS IS				24a. V			24a. Was	Was an autopsy performed? 24b. Were eutopsy aveilable prior completion of of death?		ilable prior to	
Re	The law ate has page 2								1 🗆	Yes 25 No	1	Yes 2 No	
ita		25. Wes case refe	erred to medical					26. Place of De	ath (Check only	one)			
t V	Z G S	1 Yes 25	frie	Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Hursing Home 5 Reside					idenca 6 □Oth	er (Specify)		
o L	Jing Ph After th funaral	27. Manner of Dea	ath 5 Pending	28e. Date of (Month	Injury , Dey Year)	28b. Time of Injury	28c. Inju		28d. Describe	how injury occur	red		
Sio	Attending or death. •ctor: After by the funa	2 Accident	1			M 1		Yes 2 No					
N.	2005	4 Homicide	determined	200. Placa C	 Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 		281. Location (Street end Number or Rure City or Town, State)		Houle Number,				
.,	To the Hospital or A within 24 hours effer To the Funeral Dire completally filled in b Medical Certi	29a. Certifier (Check only one) Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and manner as stated. Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated.											
	Withir comp	29b. Signature an	d title of cartifier				29c. Licer	nse number		29d. Dete signe	d (Month, L	Dey, Year)	
	111	- Wa	lli M	sel	18		D3	-6810A	- 1	FEBRUAR	4 1	8, 1998	
	1) 4	30. Neme and edd	dress of person who			-		NE BAL	nmore	mo	212	77	
	State	31. Date filed (Mo			F			7346	- I a kind (m. C.)	1 -10	-16		
	Registrar	FE	B 2 0 1998	gue	a Davids	Ande	32						

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death

2. Date of Deeth Month

Day

3. Time of Death

and professional and the second ----100 100 100 100 100 95.7

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month 15TH 1998 DAY TEB 7.301M HELMA /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore Good Samaritan Hospital 7. Age (In yrs. last birthday)

QE Yrs.

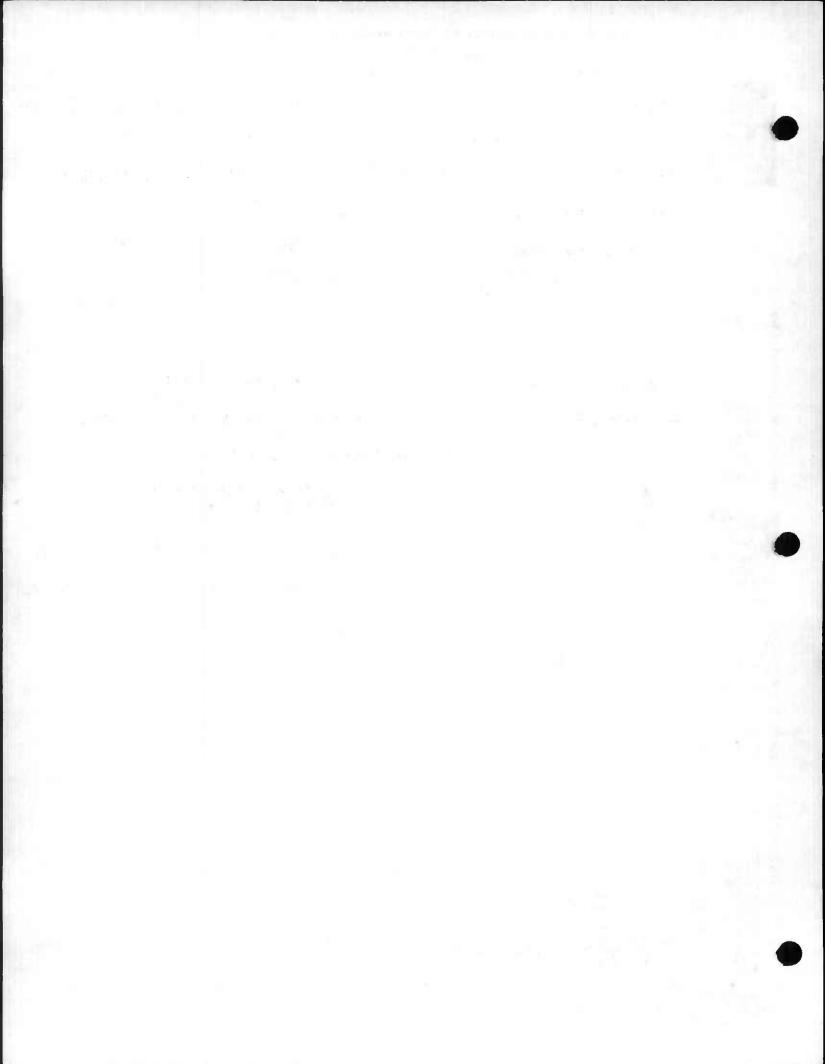
| Under 1 Year If Under 24 Hrs. | S. Date of Birth (Month) Day, Year) | 912 5. Social Security Number Birthplaca (State or Foraign Country) **Funeral** 1□M 3€XF Director 219-30-8879 Maryland Usual Residence of Decedent death with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits ral, or liems 23a or 28a-f show Examiner must be notified at Essex Baltimore Md. 1 ☐ Yes 2 🕅 No Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? USA 21221 315 Riverside Drive Funeral 12. Was Dacadant Evar in U,S. Armed Forces? 1 ☐ Yes 文文No If Yes, Give Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important if lien 27 is merked other then "natural", or lien important if lien 27 is merked other then "natural", or lien any Injury or other treumatic event, the Medical Examinos ones. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas ⊅CXNo Specify: þ Specify: White 3 Widowad 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Buainess/Industry during most of working Elementary/Secondary (0-12) College (1-4or 5+) Waitress Arundel Ice Cream Co. 4th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Holland Margaret Hoerner George W. 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Fred DeJong /son 1554 Glen Keith Blvd. Baltimore Md. 21286 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 N Burial 2 □ Cremation 3 □ Removal from State Oak Lawn Cemetery 2/18/98 Baltimore 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility Connelly Funeral Home of Essex aplications that caused the distribution not enter the mode of dying, such as cardiac or respiratory arrest, Approximata Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final NEUMONIA disaase or condition resulting in death) Examiner Examiner PULMONARY DISEASES CHRONIC **BRSTRUCTIVE** 5YEARS sician and burial-transit certificate be executed Sequentially list conditions, if any, leeding to immediata cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in death) Last Due to (or as a consequence of) Box 68760 attending physician for use as the buria Physician/Medical Due to (or as a consequence of): P.O. I signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yee 20 No 3 Probably 4 Unknown Records. þ been sig Completed 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? this certificate 1 Yes 2 No 1 Yes 2 No Division of Vital Attending Physician: 25. Was case referred to medical Be 26. Plece of Deeth (Check only one) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidenca 6 Other (Specify) 1 Yas 2 No 2 27. Menner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fune 1 Natural 5 Pending 1 Yes 2 No 2 Accident investigation 3 ☐ Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, and due to the cause(s) end menner es steted.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) and manner stated. edical 29a. Certifier (Check only 29b. Signature and title of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 1998 MEDICAL DOCTOR ss of person who completed cause of death (Item 23a) (Type, Print) 30. Name and addre

State Registrar trances

31. Date filed (Month, Day, Year) FEB 2 0 1998

NWASHE ATTOOBE THE GOOD SAMARITAN HOSPITAL OF MARYLAND INC.



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month AROLYN 500 P EB 4a Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death 1604 Hopefield Rd. Silver Springs Montgomery If Under 1 Yeer | If Under 24 Hrs. | Months Days Hours Min. 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) OCTODER 6 9. Birthplace (State or Foreign Country) 1931 South Carolina 10 M 20XF Months Days 250-54-1268 66 Yrs. Usual Residence of Decedent 10d. Inside City Limits 10c. City. Town or Location 10b. County 1 Yes 2 No Maryland Montgomery Silver Springs 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20905 1604 Hopefield Rd. USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian 11. Marital Stetus Black, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Physician Radiology 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Edwards Luther Η. Aileen Wolfe 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Jean Brincefield (Cousin) 5012 C. Tower Rd. Greensboro, N.C. 27410 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removel from State 2/19/98 Latta South Carolina 4 ☐ Donation 5 ☐ Other (Specify) Haselden Cemetery 22. Name and Address of Fecility Stallings Funeral Home PA 3111 Mountain RD. Pasadena, Md. 21122 23a. Part1. Enter the dis-shock, or heart failure. Approximate Interval Between Onset and Death INFARCTION Immediate Cause (Final disease or condition resulting In death) Due to (or es a consequence of): Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part 1. 23b. Did tobacco use contribute to the cause of death? 3 ☐ Probably 4 ☑ Unknown 1 Tyes 2 No

Physician /Medical Examiner

end el-transit

physician er s the buriel-t

ed by the e

signed by t

s certificate has b director, page 2 s

funeral Affer

n 24 hours efter deeth.

Funeral Director: Alphabely filled in by the fu Hospital

To the P within 2

completely

The law requires that the death certificate be executed

or Attending Physicien:

Division of Vital Records, P.O. Box 68760

Examiner

Physician/Medical

Be Completed by

Certification: To

edical

Department of Health e Important: If Item 27 is eny Injury or other tre pncs.

Physician

/Medical

Examiner

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Funeral

þ

Completed

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10a. State

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show treumstic event, it a Macical Examinar must be notified at

Pages 1 end 2 should be filed within 72 hours effer death with nent of Health end Mentel Hygiene. Int: If Item 27 is marked other then "natural", or Items 23a or

Baltimore, Maryland 21215-0020

the Meryland

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

				performed?	eveilable prior to completion of ceuse of death?	
25. Was cese referred to medical			26. Place of D	Death (Check only one)	1.0.00 2010	
examiner?	Hospitel: 1 Inpatient 2	☐ ER/Outpatient 3☐	ome 5 Residence 6 □Other (Specify)			
27. Menner of Death Sinatural 5 □ Pending 2 □ Accident Investigation		28b. Time of Injury	28c. Injury et Work?	28d. Describe how Injury occur	rred	
3 ☐ Suicide 6 ☐ Could not to determined		nome, farm, street, fact ify)	28f. Location (Street and Number or Rural Route Number, City or Town, State)			

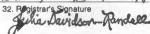
29e. Certifier 1 Certifying Physicfan: To the best of my knowledge, death occurred at the time, dete and plece, end due to the ceuse(s) and manner as stated. (Check only one) Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certific 29d. Date signed (Month, Dey, Year)

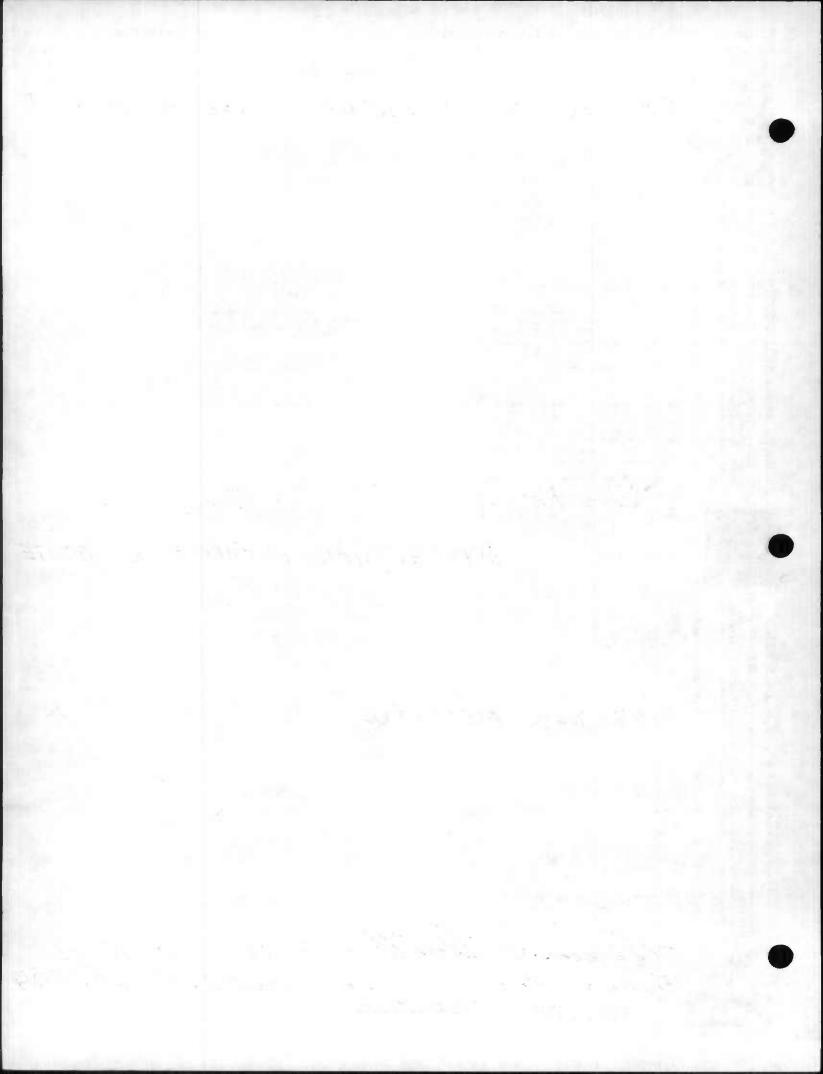
30. Name and address of person who completed cause of deeth (Hem 23e) (Type-Print)

ERA 31. Date filed (Month, Day,

State Registrar

Year) FEB 2 0 1998





Please Type or Print in Black Indelible Ink. Assure Ali Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 98

Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth **Physician** STEPHENS FIELDS, Amos 1:29 PM FEBRUARY 18 1998 /Medical 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Towson Baltimore Saint Joseph Medical Center 7. Age (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 10M 20 F Months Days Min 220-22-4966 Yrs. Director mary/mo Usuel Rasidence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits LOYES 2 No BALTINUTE Directo 10e. Street and Number ital Hygiene. Id other than "natural", or itsems 23s or 28s-f event, the Medical Exemples motifis 10f. Zip Code 10g. Citizen of What Country? 21286 LEMMOX USA Funeral 12. Was Decedant Ever in U.S. Armed Forces? 1.BYes 2 □ No for Earl If Yes, Give Year or Dates: Complication Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Never Marriad 2 Married 1 Yes 20 No Specify: Block Specify: þ 3 ☐ Widowed 4 ☐ Divorced 16b. Kind of Business/Industry 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) WATE HOUSE SUPERVISOR 12 Y CAN'S 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Pages 1 and 2 should be Fields 5. Aneos 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Horine Fields
20a. Method of Disposition Date 20c. Location - City or Town, State Tuwson, Marylones 21286 LENDUX AUG mportant: If Item 27 Floring 20b. Placa of Disposition (Name of cemetery, crematory or other place) 1 Surial 2 Cremation 3 Removal from State Dulancy Unlky Mom. Bar. 4 Donation 5 Other (Specify) CHATHM- HAMS 22. Name and Address of Facility CHA
5 240 REV STEVSTOREN 21. Signature of Funaral Service Licenses LOMO 23a. Part1. Enfor the discrete, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock a hour fundro. List only one cause on each line. Approximata Intervel Between Onset and Death Physician Immediate Cause (Final disaase or condition resulting in death) /Medical CEREBROVASCULAR ACCIDENT 5 DAYS Examiner Due to (or as a consequence of) Examiner HYPERTENSION attanding physician and for usa as the burial-transit The law requires that the death cartificate be axecuted Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Due to (or as a consequenca of): Division of Vital Records, P.O. Box 68760 Physician/Medicai Due to (or as a consequenca of) signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown 1 Yes 2 No b 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate has b 1 Yes 2 No director, Hospital or Attending Physician: 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidance 6 Othar (Specify) 1 Yes 21 No 1 Inpatient 2 ER/Outpatient 3 DOA Certification: To this funeral 27. Menner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Natural 2 Accident 5 Pending investigation 1 Yes 2 No death. Director: J 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aff To the Funerel Di completaly filled in edical Certifying Physician: To the best of my knowledge, death occurred et the time, dete end placa, end due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred et the time, date end place, and due to the cause(s) and manner steted. 29a. Certifier 29d. Date signed (Month, Day, Year) 29b. Signatura and title of certifier 29c. Licansa number 2-18-98 D 30263 DA 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 7620 YORK ROAD TOWSON MARYLAND 21204 FRANCIS KHOO M.D. July 32, Pegistrar's Signature 31. Dete filed (Month, Day, Year) State EB 2 0 1998

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Registrar

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Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene O. O.

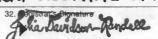
		1. Decedant's Nama (First, Middla	Last)					2. Data of De			3. Tima of Death	
Physicia Medica/		James Ford	Gregory					Feb.	15 ^{eay} 1	998	6:00 A.N	
Examine		4a. Facility Nama (If not institution, 3703 Clairton		ber)			4b. City, Town, or to Mitchell		h 4c. County Princ		rge's	
uneral irector		225 24 6233	6. Sax 7	. Aga (In yrs. 74	last birthday) Yrs.	If Undar 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Bi (Month, Di Jan. 2	rth ay, <i>Year)</i> 5,1924		ace (Stata or Foraig	
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tour	rec	10e. Street and Number				10f. Zip Coda			10g. Citizan of V	What Count	ry?	
A I	a D	3703 Clairton I	rive				20721		United	State	es	
3	by Funeral Director	11. Marital Status 1 Navar Marriad 22 Marria 3 Widowed 4 Divorced	12. Was Deced Armed Ford 1 Yas 2 If Yas, Giva Year or Dat	as?	1	as Decedant of H Yas, specify Cub	dispante Origin? (Span, Maxican, Puarte Specify:	pecify Yas or No Rican, atc.)	14. Rac Blac Specify	e - Amarica ck, Whita, a		
the Medical	Completed	15. Decedant' (Spacify only highast Elemantery/Secondary (0-12) 1 2	s Education grada complated) Collega (1-	For 5+)	16a. Deceda (Giva ki life. Do Engin		pation during most of word d)	king	16b. Kind of B		,	
	BeC	17. Fathar's Nama (First, Middla, L	ast)		8		18. Mothar's Nen	ne (First, Middle		e	ile	
	9	Harvey Thomas	Gregory				Rosa	Ford				
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eny inj		21. Signatura of Funaral Sarvice L	Sieli	w	22. Ro	Nama and Addra bert E.		neral H	lome, Inc	с.		
es the bur	VMedical Examiner	23a. Part1. Enter the disease, or o shock, or heart failura. List of Immediate Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Ceuse (Disease or Injury that initiated evants resulting in death) Last		Dua to (or		BRi ance of): BMA ance of):	OF CI				Initiary and Death Conset and Death Conset and Death Conset and Death	
ed for use	Physician/M	Part II. Other significant condition	s contributing to daa	th but not rasu	ulting in tha und	lerlying causa giv	van in Part I.	23b. Did	tobacco uas co	ntribute to	the cause of death	
d be detached	by Phy							1/2	2□ No	3 Prob	ably 4 Unknow	
2 Should to	Completed								en eutopsy ormed?	ava con	re eutopsy findings ilabla prior to oplation of causa aath?	
page	် ပ							10	Yas 2 No	10	Yas 2□No	
D 0	13	25. Was casa rafarred to madical axaminar?	Hospital:			104	26. Placa of Daa	th (Check only	ona)			
7	0	1 ☐ Yas 2 ☐ No 27. Mannar of Death	28a. Data of		ER/Outpatient 28b. Time of	3□ DOA Oth	4 LI Nursing H	-	dance 6 Oth)	
ed in by the funeral	erification	1 Natural 5 Panding 2 Accidant Invastiga 3 Suicida 6 Could no 4 Homicide datamir	(Month,	Day Yaar)	Injury	M 28c. Injus Wo M 1 □	k? Yas 2 □ No		Street and Numb		Routa Number,	
completely filled in		29a. Certifier (Check only one) Certifying 2 Medicat E:	Physician: To the beaminer: On the bas and manna	is of exeminet	viedge, daath o lon and/or inve	eccurred at tha tir stigation, in my o	ne, date end place, pinion, death occur	and dua to the red at the time,	cause(s) end ma date end piece,	nnar as sta and due to	ated. the causa(s)	
completely filled	M	29b. Signature and title of certifiar	KS	the		29c. Licens	se number 574		29d. Data signer Feb /	d (Month, D		
5	,	30. Nama and eddrass of person w	ho completed causa	of death (Item	23e) (Type, Pr	M A	20715					

nent of Health and Mental	Hygiene	8	0	5	0	
coto of Dooth		-	~		-	

1. Decedent's Neme (First, Middle, sician		GRIER		2. Dete of Deeth Month	Dev	3. Time of Deeth
edical Mana Mana institution	<u> </u>	GKIEN	4b. City, Town, or Loc	02	4c. County o	3:05 P
HIMMEI	wso J AV		BALTIM	015	(1-	TY
5. Sociel Security Number 217-08-2991 Usuel Residence of Decedent	Sex 7. Age (In yrs. le			8. Date of Birth (Month, Day,) JUN . 1	1 1967	9. Birthplace (State or Foreign County) MARYLAND
10a State 10b County	10c. City	Town or Location				10d. Inside City Limits
MARYLAND N/A 10e. Street end Number	13 75	BALTIMORE C	ITY			1 XX Xes 2 □ No
10e. Street end Number		10f. Zip Code		109	g. Citizen of Wi	
4803 CROWSON AV			212	-*-VN-	U.S.A	- American Indian,
MARYLAND N/A 10e. Street end Number 4803 CROWSON AV 11. Maritel Status 1 🖄 Yever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S Armed Forces? 1 Yes XX No If Yes, Give Yeer or Detes:	13. Was Decedent of If Yes, specify Cu	Hispanic Origin? (Spe ban, Mexicen, Puerto I Specify:	Ricen, etc.)		White, etc.
15. Decedent's	Education	16e. Decedent's Usuei Occu (Give kind of work done	upetion e duning most of workin	10	6b. Kind of Bus	siness/Industry
Elementery/Secondery (0-12)	College (1-4or 5+)	life. DO NOT use retir	red)		DEDCT O	OLA:
7th grade 17. Fether's Neme (First, Middle, La	est)	STOCK CLERK	18. Mother's Neme		PEPSI C	
17. Fether's Neme (First, Middle, La SAM GRIER	1944		EMMA GI			
19e. Informent's Neme/Relationship		19b. Malling Address (Street	et and Number or Rura	l Route Number,		
Richard Grier/ E		2025 Ridge I	Kill, Balt			
20e. Method of Disposition 1 □ Buriel 💥 🕽 Cremetion 3	Removel from State	netery, crematory or other pl				City or Town, State
4 □ Donetion 5 □ Other (Spe 21. Signeture of Funerel Service Lie		RO CREMATORY	1			ORE, MARYLAND
21. Signatura of Furneral Salvica Lit	of les	22. Neme end Add		LIAM C. 6 W. NC:R		COMMUNITY F/H
23e. Pert1. Enter the disease, or conshock, or heart failure. List or	emplications that caused the death.	Do not enter the mode of dy				Approximete
snock, or neer tailure. List or	ny one cause on each line.					Onset and Death
Immediate Ceuse (Finei diseese or condition resulting in deeth)	. AIDS		, III II, IV			1994/4VR
	Due to (or	es e consequence of):				11/2
Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	b	es e consequence of):				
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that initieted events resulting in death) Lest	c Due to (or	es e consequence of):			NUI T	
	d					
Pert ff. Other significant conditions	contributing to death but not carry	ting in the underlying source	niven in Part I	22h Did toh	acco use con	tribute to the cause of death?
The significant conditions	1 1	ang in the underlying cause (green ni reiti.	1 Tye		3 Probably 4 Unknown
Dissemin	aua mm					
PROBABLE	LYMPHOM	A		24e. Wes en perform	eutopsy ed?	24b. Were eutopsy findings eveileble prior to completion of ceuse
						of death?
25. Wes cese referred to medical			OC Diago of Doort	1 Yes		1 ☐ Yes 2 € No
Pert ff. Other significant conditions People of the condition of the cond	Hospital: 1 Inpatient 2 E	R/Outpetient 3□ DOA C	26. Place of Deeth Other: 4 Nursing Hor	me 5 Residen		or (Specify)
27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investiga	28e. Dete of injury (Month, Day Year)	28b. Time of 28c. inj		28d. Describe hov		
3 Suicide 6 Could no determine	28e. Plece of Injury - At hor building, etc. (Specify)	ne, ferm, street, factory, office	e	28f. Location (Stre City or Town,	eet and Numbe State)	or or Rural Route Number,
4 Homicide		ledge death occurred at the	time date and piece e	end due to the car	use(s) and mar	nner es steted.
2 Accident 3 Suicide 4 Homicide 29e. Certifier (Check only 2 Medical Exone) 29b. Signature and title of certifier	Physician: To the best of my know amfner: On the basis of exeminetic end menner stated.	on end/or investigation, in my	opinion, deeth occurre	ed et the time, dat	te end place, e	nd due to the ceuse(s)
29e. Certifier Certifying (Check only 2 Medical Ex	aminer: On the basis of exeminetic	on end/or investigation, in my	opinion, deeth occurre		d. Date signed	(Month, Day, Year)
	amfiner: On the basis of exeminetic end menner stated.	on end/or investigation, in my 29c. Licer D	nse number		d. Date signed	

31. Dete filed (Month, Day, Year) State

FEB 2 0 1998



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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Dey **Physician** February 19,1998 Leo Willard Gainey 6:15am /Medical 4b. City, Town, or Location of Deeth 4e Fecility Neme (If not institution, give street and number) 4c. County of Deeth **Examiner** Veterans Administration Medical Ctr Ft. Howard Baltimore If Under 24 Hrs. 8. Date of Birth Month Day, Year) 934 9. Birthplece (State or Foreign Country). NC . 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number **Funeral** 1 M 2 □ F Months Deys 64 Yrs. 239-50-6364 Director Usuel Residence of Decedent the Maryland 10e Stete 10h County 10c. City, Town or Location 10d. Inside City Limits il Hygiene. . other than "natural", or items 23a or 28a-f show want, the Medical Exercises invest be notified at 1 Yes 2 No Director Md Prince George Brentwood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? With 20722 3721 Sheppard Street USA WILLARD GAINEY Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 12€ Yes 2 □ No If Yes, Give Year or Detes: 14. Race - American Indien, Black, White, etc. 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 72 hours after 1 ☐ Never Married 2 Merried Maryland 21215-0020 1 ☐ Yes No Specify: Black Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) filed within Elementary/Secondary (0-12) College (1-4or 5+) Machinist Construction 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middle, Last) h and Mental h 1 and 2 should be Viola Hardison James Gainey LEO Wife 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, SHATES DOTO. 19e. Informent's Name/Reletionship (Type, Print) Pages 1 and 2 ment of Health a ant: If Item 27 is ury or other tre Dora Mae Robinson Gainey Oakhill Apts Apt. E Hwy 109 North NC.28170 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition

↑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 20c. Location - City or Town, Stete Galilee Church Cem 2/24/98 Department Important: If Morven, NC. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility Caple Funeral Service 21. Signature of Funeral Service Littens 5502 Winner Avenue Baltimore, Md. 21215 ications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Interval Between Onset end Deeth Sart1. Enter the disease shock, or heart failure. **Physician** /Medical Immediate Cause (Final CEREBROVASCULAR ACCIDENT disease or condition resulting in death) Examiner Due to (or as a consequence of) Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) and physician a s the burtal-Box 68760. 8 Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 2 1 Yes 2 No 3 Probably 4 Xinknown à CORONARY ARTERY DISEASE, HYPERTENSION signed d be det by 24b. Were autopsy findings available prior to 24a. Was an autopsy Completed completion of cause of death? 3 W **Dage 2** # 1□Yes X No 1 Yes 2XNo certificate Division of Vital 25. Was case referred to medical examiner?
1 ☐ Yes 2 No Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 □ Residence 6 □Other (Specify) 10 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 84 27. Mauner of Death 1 SNatural funeral 28a. Date of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury at Work? Ahor Attending 5 ☐ Pending 1 Yes 2 No investigation 2 Accident Director: 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide #pd b To the Hospital of within 24 hours at To the Funeral D completely tilled it Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. edical 29a, Certifier 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Dete signed (Month, Dey, Year) 29c. License number 29b. Signature and title of continue D16983 FEBRUARY 19, 1998

State

Registrar

31. Dete tiled (Month, Day, Year) FEB 2 0 1998

DR. CHRISTINA FELICIANO, M.D. 9600 NORTH POINT ROAD FT. HOWARD, 1. 32 Plegistrer's Standard

of person who completed cause of death (Item 23a) (Type, Print)

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man of the state of the

State of Maryland / Department of Health and Mental Hygiene

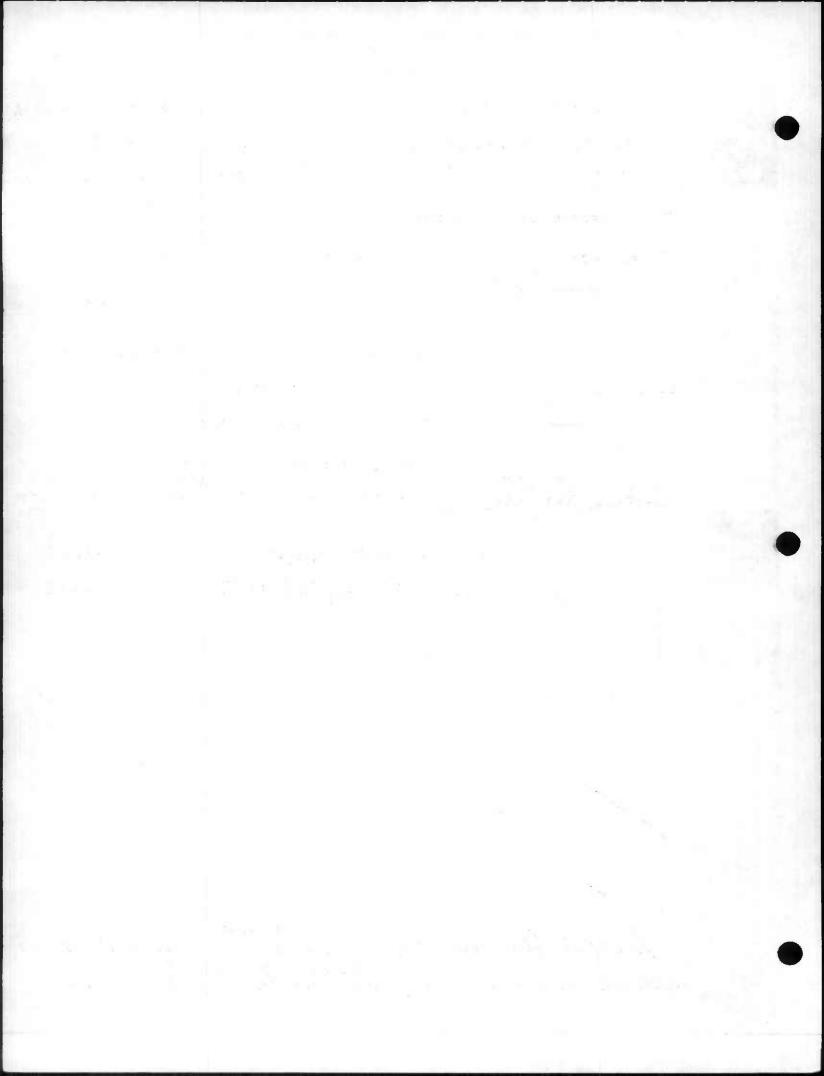
Item: 11,19a per Informant G-756 2/24/98 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month b **Physician** Lemue 16 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Howard Collumbia ounty Gen. Hosp Howard If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 6. Sex 1 M 2 F 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 350 14 3158 Director Dec. 17, 1920 Texas Usual Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 Yes ZONo MD Anne Arundel Director Jessup 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 items 23a 7690 Race Road 20794 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 11. Marital Status permit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Haalth and Mental Hygiane. Important: If Itam 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examines, once. Armed Polices : 1 X Yes 2 □ No If Yes, Give Year or Dates: WW II 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Specify: 3 Widowed 4 Divorced white Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6 + Analyst U.S. Government 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Lemuel Hall Willie Wren 2 19a. Informant's Name/Relationship (Type, Print)
Ex-Wife
Flora Hall (Wife) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 7690 Race Road, Jessup, MD.20794 20a. Method of Disposition

1 Derival 2 Cremation 3 Removal from State 20b. Placa of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) 2/20/98 Laurel, MD Balto/Wash. Crematory 22. Name end Address of Facilitary L. Kaufman Funeral Home at 21. Signature of Funeral Service Libertse Meadowridge Mem. Pk., Inc., 7250 Wash. Blvd., Elkridge Approximate MD Interval Between 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Deeth **Physician** severe hypotension

Due to (or as a consequence of):

acute anteroseptal M.I. /Medical Immediate Cause (Final +Omin disease or condition resulting in death) Examiner Physician/Medical Examiner physician and the burial-transit The law requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Box 68760. Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificata Division of Vital or Attending Physician: 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Aftar 1 Natural 5 Pending investigation in 24 hours effer daeth. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Atte within 24 hours efter day To the Funeral Director complataly filled in by the 3 Suicide Location (Street end Number or Rural Route Number, City or Town, Stete) Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, end due to the cause(s) and manner as steted 29a. Certifier (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29c. License number MD 1.C.# 29d. Date signed (Month, Day, Yeer) 29b. Signature and title of certifier 034385 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) George S. Groman, MD 11085 Little Paturent Palkway, Sure 101, Columbia, MD, 1041 32. Registrar's Signature

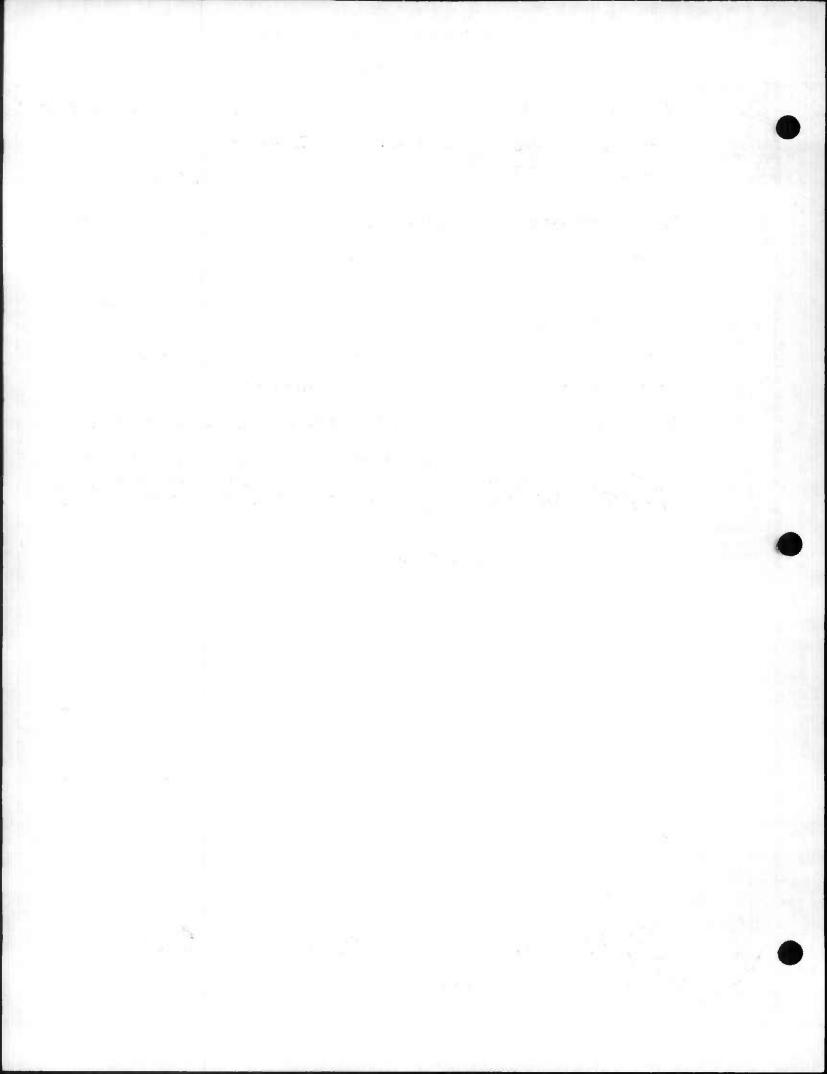
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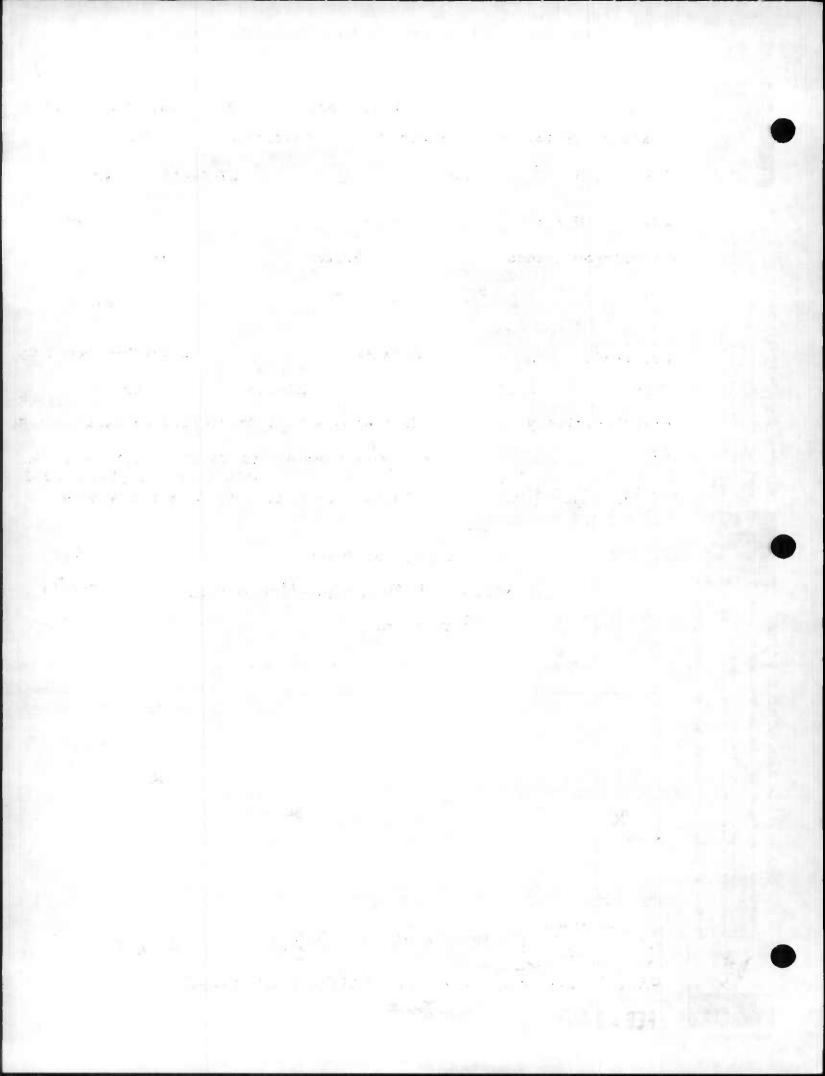
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State of Maryland / Department of Health and Mental Hygiene

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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

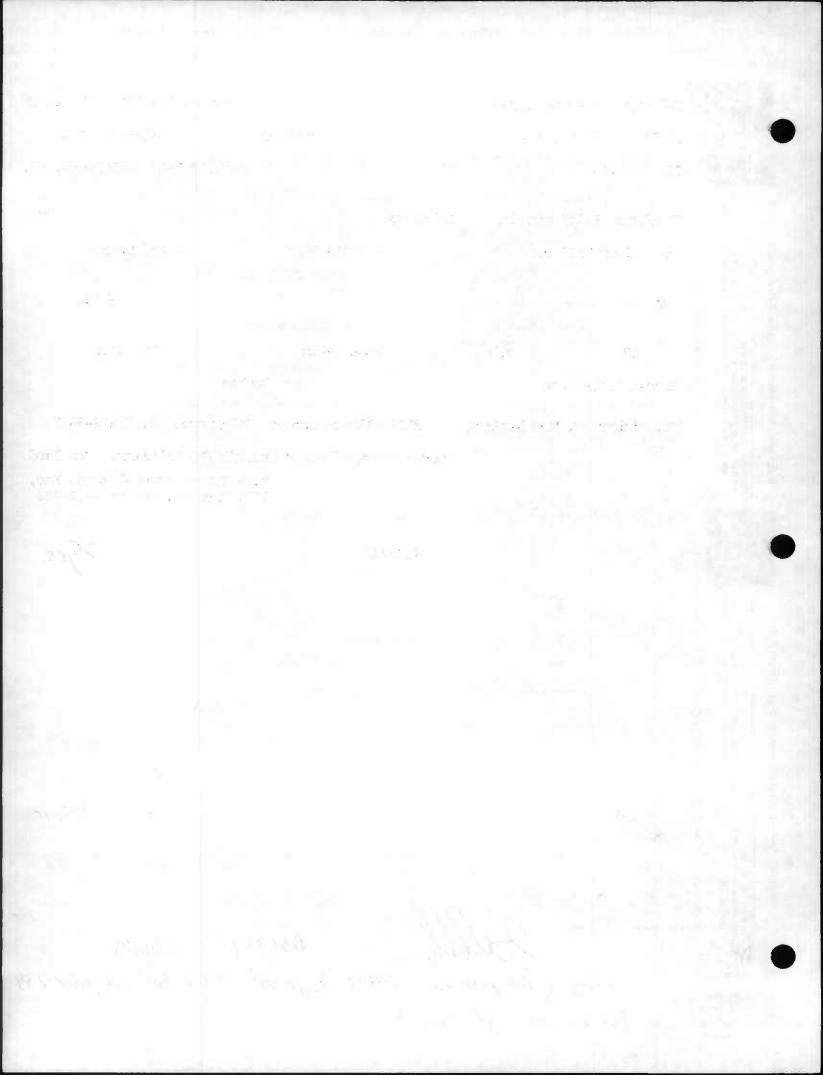
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	Funeral Director		5. Social Security Number 220-52-7818 Usuei Residence of Decedent	6. Sex 1 □ M 2 1 F	90	yrs. lest birti	rs. Mon		Hours Mi	in. (Month, D	o/O	9. 7 N	Birthpie Country ew	ce (State or y) York	Foreign
	Mand Mand		10a. Stete 10b. Count	у	10c	City, Town	or Location						100	d. Inside Cit	y Limits
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Baltimore, Maryland 21215-0020	permit. Peges 1 and 2 should be filed withir Depertment of Health and Mental Hygiene. Important: If item 27 is marked other than any Injury or other traumatic event, In Mana.		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☑ Donetion 5 ☐ Other (3	Specify)	State	cemeter)	Disposition , cremetory		ce)	Dete	20c. L	ocation - City	or Tow	n, Stete	
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State of Maryland / Department of Health and Mental Hygiene 98 05099

Department of health and Mental Hygiene. Medical Medical	Julia Residence of Decedent Oe. Stete 10b. County Maryland Baltimo Oe. Street end Number 2505 Cider Mill F 1. Maritel Status 1 Never Married 3 Widowed 15. Decedent's Ec (Specify only highest greentery/Secondary (0-12) T. Fether's Neme (First, Middle, Last, George Huebschman	Pre Street end number) DICE Sex 7. Age OTE CO. ROAD 12. Was Decedent E Armed Forces? 1 Yes 2 3 4 If Yes, Give Yeer or Detes: ducation ducation Coilege (1-40r 5-	0	Month whor Cocation more 10f. 2 13. Wes De If Yes, s	Zip Code	Timoniu If Under 24 H Hours Mi	rs. 8. Dele of Bio	ry 14, 19 th 4c. County o Balti	9. Birthpi	3. Time of Death 12:20 PM Co. lece (State or Foreign Md.) od. Inside City Limits 1 Yes 27 No.
Medical Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural; or items 23s or 25s-f show any injury or other traumatic event, the Medical Examiner must be notified any injury or other traumatic event, the Medical Examiner must be notified any injury or other traumatic event, the Medical Examiner in the most of th	e Fecility Neme (If not institution, givestella Maris Hospostella Maryland Baltimo Oe. Street end Number 2505 Cider Mill Formation of the Maryland Baltimo Oe. Street end Number Maryland Baltimo Oe. Street end Number Maritel Status In Never Married 2 Married 3 Midowed 4 Divorced (Specify only highest grant Elementery/Secondary (0-12) 12 7. Fether's Neme (First, Middle, Last, George Huebschman	Positive tend number) DICE Sex 7. Age To Co. Road 12. Was Decedent E Armed Forces? 1 Yes 2 2 3 1 Yes 3 3 1 Yes 4 3 3 3 3 3 3 3 3 3	71 10c. City, Tow Baltin ver in U.S.	Month whor Cocation more 10f. 2 13. Wes De If Yes, s	Deys Zip Code 1234-	Timoniu If Under 24 H Hours Mi	or Location of Deet	th 4c. County o Balti	9. Birthpi	e Co. lece (State or Foreign Md. more, Md.
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Department of Important: if it any injury or o pance.	Mr. Richard F. Hu	ebler (Son)	2	820 Ell	iott	Street	Baltimo	re, Md. 2	21224	4-4857
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page 2							10	Yes 2 No	10	Yes 2 No
9 -	25. Wes cese referred to medicei examiner?					26. Piece of D	Death (Check only	one)		
S D P	1 ☐ Yes 2 ② No 7. Menner of Deeth 1 ☑ Neturei 5 ☐ Pending	Hospital: 1 inpatien 28e. Dete of Injury (Month, Dey		Time of Injury	28c. Inju	ry et ork?	Home 5 Res 28d. Describe	how injury occurre		n hospice
the the	2 Accident investigation 3 Suicide 6 Could not be determined	e Diago of Injur	ry - At home, for	arm, street, fec		Yes 2 No		(Street end Numbe own, Stete)	er or Rure	il Route Number,
Funer fely fill		nyelcian: To the best of miner: On the basis of a end mapher slet	exemination at							
Med Med		0/11	11//		29c. Licen	se number		29d, Date signed	(Month, I	Day, Year)
161	19b. Signature and title of certifler		UIV							
5 30	95. Signature and title of certifler	7511	11.			0320	939			MD 2123

DHMH 16 Rev 6/95

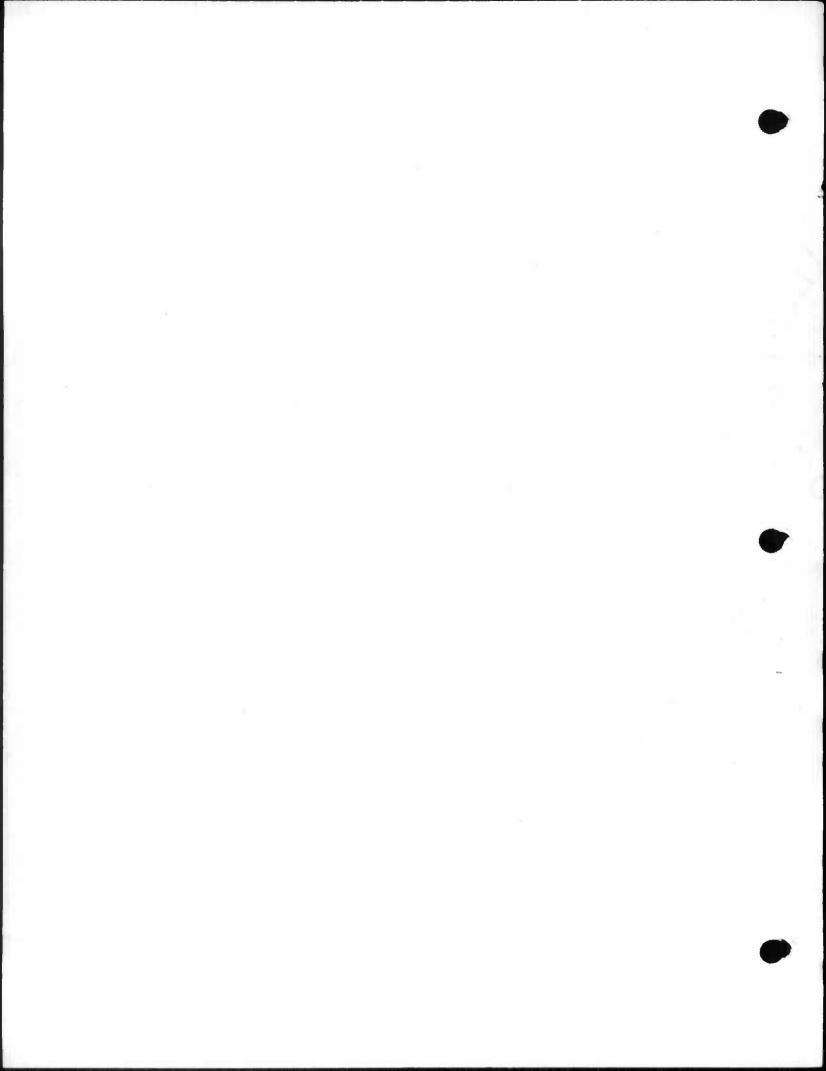


O. BOX 68760 BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR CERTIF	TMENT OF	HEALTH AND F DEATH	MENT	AL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)	T. HO	GAN	/	-	MON	E OF OEATH TH D	18,19	YEAR 3	3:15	Æ
	213-03-4458	× 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(Mor	E OF BIRTHY 1th, Day, Year)		8. BIRTHPL Country)	ACE (State or Fore	ign
OB	9a. FACILITY NAME (If not institution, give street Wesley Home	t and number)			on Location of t	DEATH		9c. COUN	Y OF DEA		
RG	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		T.	Y, TOWN OR LOC					1	Od. INSIDE CITY	
	Maryland N/A		Ba	altimor						LIMITS? YES 2 N	0
ERA	2211 W. Rogers Ave.				21209			Unite		AT COUNTRY?	
BY FUNERAL DIRECTOR	11, MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 _ YES IF YES, GIVE WAR OR DATI	2 X NO	If yes,	ECENDENT OF HISP/ specify Cuban, Mexic S 2 NO Spec	an, Puerto	IN? (Specify Yes Ricari, etc.)		14. RACE Black, \	- American Indian Whita, atc.	
TED	15. DECEOENT'S EDUCAT (Specify only highest grade col	TION 1	6a. DECEDENT'S (Give kind of v	work done during i	TION nost of working	16	b. KINO OF BUS	SINESS/INDU		WILLEC	\dashv
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8+)	life. Do NOT us	kkeeper			ban	king			
COM	17. FATHER'S NAME (First, Middle, Last)			1	18. MOTHER'S N	AME (First,					100
BE	George W. Hogan						ee Mag				
2	Margaret Poe/niece				and Number or Auran		nber, City or Town				
	20a METHOD OF DISPOSITION 1	20b.Pl campte								, State	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE PUTY	aricy va.	22. NAME	n Gardens AND ADDRESS OF F	MALINION S	itchell	L-Wied	lefel	d Home.	Inc.
	Gobn G. Mite	neu				B	altimon	ce. MI	21	212	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lis	nplications that ceused to t only one cause on eac	he death. Do n h iina.	ot enter the n	ode of dying, su	ch as ce	rdiac or reapi	ratory arre	at,	Approximate interval Bets	ween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	CARDIO.	myopa	thy						Speus)eath
		Dematu		F):						1/00	
5 N	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C		f):						geen	-
S	CAUSE (Disease or Injury										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF	7:							
	PART II. Other aignificent conditions of	ontributing to deeth but	not regulting i	n the underlyi	na ceuse alven ir	Part I	24s, WAS AN	ALITOREY	7 245 W	ERE AUTOPSY FIND	
MEDICAL	Aorta Stersis						PERFOR	MED?	Al-	MILABLE PRIOR TO OMPLETION OF CAU F DEATH?	
W.	DID TOBACCO USE CONTRIB	SLITE TO CALISE OF	DEATH YE	S \square NO I	UNCERTAI	N D	ĺ (1	TYES 2 X NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL		PLACE OF DEAT	N (Check only on		ואן ויו					
IXSI		☐ Inpetient 2 ☐ ER/Outpeti			me 5 🗆 Residence						
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI	URY V	JURY AT YORK? YES 2 NO	28d. DE	SCRIBE NOW IF	NJURY OCCU	IRED		
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, lerm, s			281. LO	CATION (Street a or Town, State)	nd Number o	r Rural Rou	te Number,	\dashv
COMPLETED		N: To the best of my knowled								nd manner as state	
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU					onth, Day, Year)	
TO BE		ims.			Dai	464		> 2	1191		
	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print) . Roger	Dai	B	alto	md.			\neg
	31. FEB 200 1998	THE DESTROY S SIGNATURE	ndell								



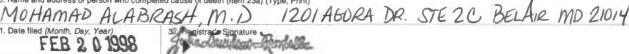


Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month **Physician** John Phillip Hanratty Feb. 14, 1998 5:15 PM /Medical 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 6418 Brinton Lane Fork Baltimore If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Yeer) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 10XM 20 F Months Yrs. Director 213-26-1967 April 2,1930 Baltimore, Md. Usuel Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 ☐ Yes 2 X No Directo Maryland | Baltimore Fork 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ŏ items 23a 6418 Brinton Lane 21051 U.S.A. death Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 M Yes 2□ No Marrine's If Yes, Give 11/19/51 Year or Dates: 11/2/53 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11. Marital Status filed within 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 🕅 No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorcad "natural", White Completed 16a. Decedent's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) (Give kind of work done during most of working life. DO NOT use retired) I Hygiena. Elementary/Secondary (0-12) College (1-4or 5+) 10th. Pages 1 end 2 should be filed vanent of Heelth end Mental Hygie int: if Itam 27 Is marked other t n/a R.R.Car Inspector Penn Central Railroad 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Bernard John Hanratty Sarah Ellen O'Toole 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Diane R. Hanratty (Wife) 6418 Brinton LAne Fork, Maryland 21051 other 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other placa) 20c. Location - City or Town, State Department of H
Important: If Ital
any injury or ott 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holly Hill Cemetery 2/17/98 Baltimore, Maryland 21220 21. Signeture of Funeral Service Licen 22. Name and Address of Facility F. Lassahn Funeral Home 11750 Belair Road 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Kingsville, Md. 21087 Approximate Intervel Between Onset and Death Physician /Medical Immediate Cause (Final Colon Cancu diseese or condition resulting in death) Examiner Physician/Medical Examiner requires that the death certificete be axecuted Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Box 68760 Due to (or es e consequence of) Pert II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 No 3 Probably 4 Unknown à signed i Records, þ 24b. Were eutopsy findings evailable prior to completion of cause of death? 24a. Wes en eutopsy performed? Completed has le 2 certificate Division of Vital Attending Physician: Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) this 28a. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: After 5 Pending investigation 1 Naturai death. 1 ☐ Yes 2 ☐ No 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, larm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ò within 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) 29a. Certifier end manner stated.

State Registrar

31. Date filed (Month, Day, Year) FEB 2 0 1998

29b. Signature end title of gertifier

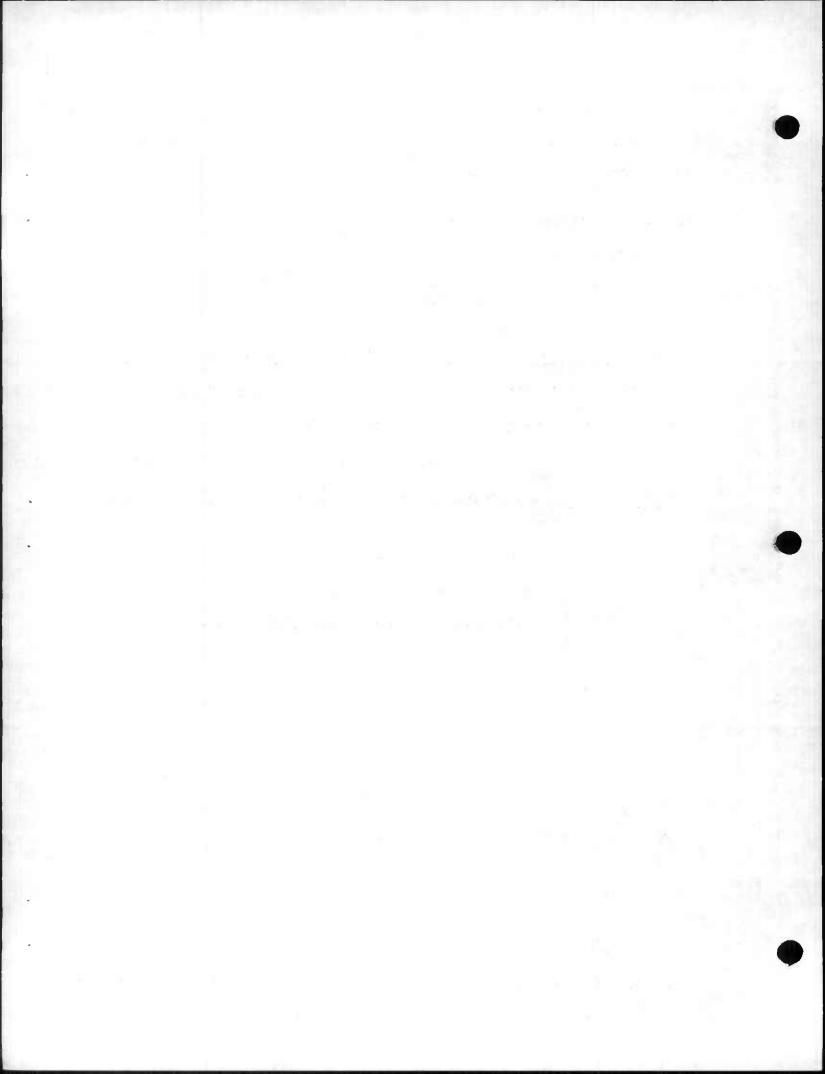


30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

29c. License number

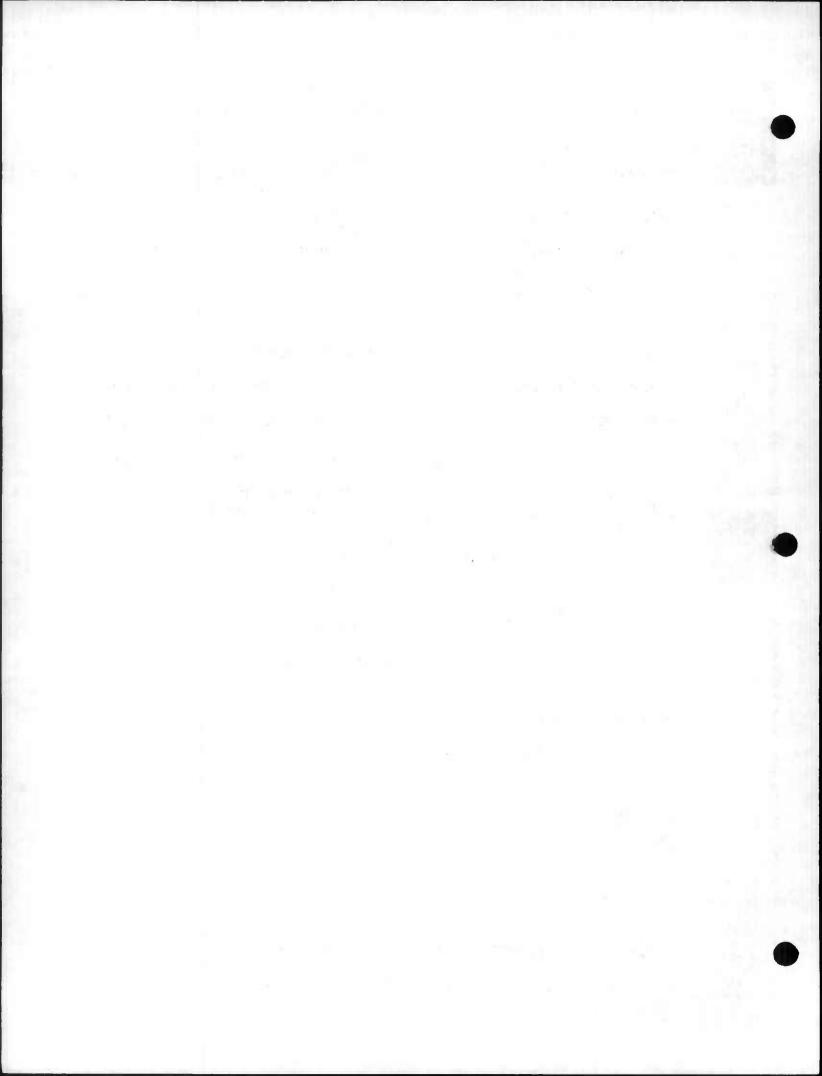
037612

29d. Date signed (Month, Day, Year)



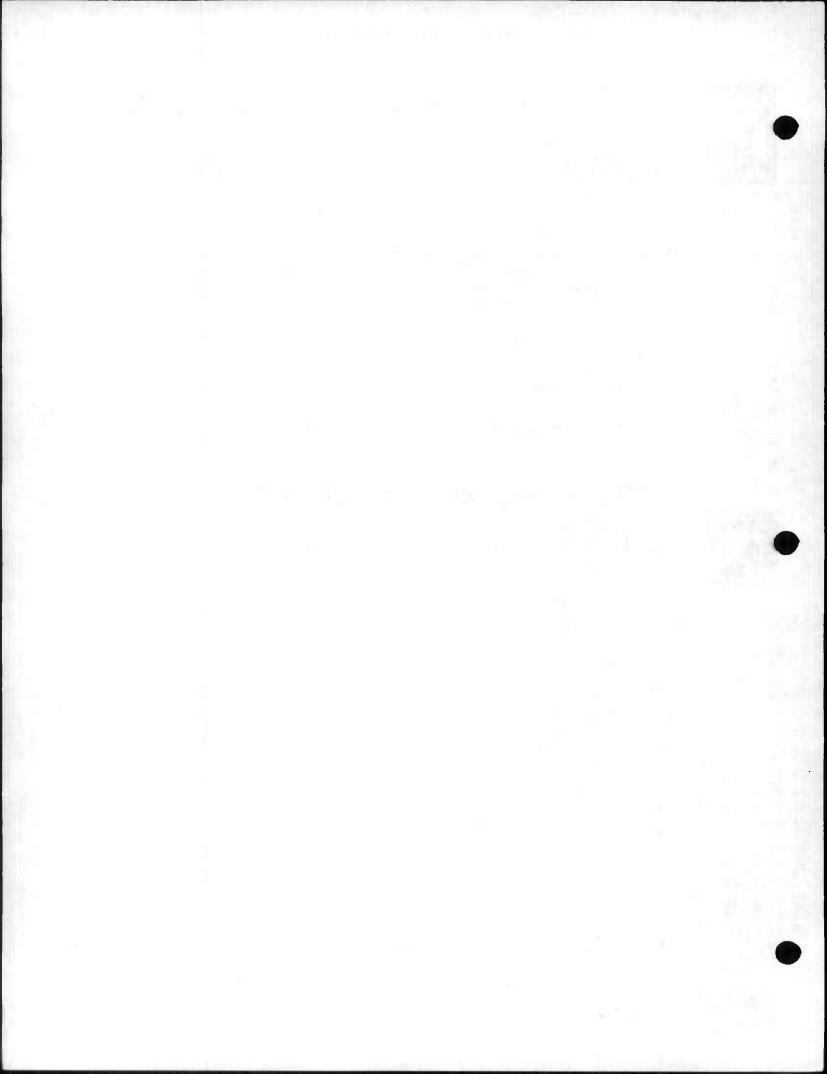
State of Maryland / Department of Health and Mental Hygiene

				,	Certificate		F	Reg. No.	05102
	Dhusia		1. Decedent's Name (First, Middle, Last)	4			2. Date of Dea	ith	3. Time of Death
	Physic /Medi		James Patric	K Holde	1 Jr.		Februar		98 14.05
	Exami		4a. Facility Name (If not institution, giva street	and number)	7	4b. City, Town, or			
			Mercy Medical	Center		Baltimo	no no	N	/A
	Funeral		5. Social Security Number 6. Sex	7. Age (In yrs. las	st birthday) If Under 1 Y	ear It Undar 24 Hrs	8. Date of Birt	h V	Birthplace (State or Foreign Country)
L	Director		212-26-9856 1♥ M 2 Usual Residence of Decedent	68	Yrs. Months D	ays Hours Min.	8. Date of Birth (Month, De) Jan. 12	,1930	Maryland
	/land		10a. State 10b. County	10c. City,	Town or Location				10d. Inside City Limits
	Sa-f sh	ctor	Md. Baltimore			Essex			1 ☐ Yas 2 ☑ No
	eth with the 23a or 2	Funeral Director	315 Margaret Ave.		10f. Zip Co	21221		USA	nat Country?
020	a within 72 hours after deeth with the Manyland ijena. Than "natural", or items 23s or 28s-f show the Maxical Examiner must be notified at	by	1 Never Married 20 Married 15	as Decedent Ever in U,S. med Forces? ☑ Yes 2 ☐ No Yes, Give ear or Dates:	13. Was Decedent If Yes, specify (of Hispanic Orlgin? (S Cuban, Mexican, Puer No Specify:	specify Yes or No- to Ricen, etc.)	14. Race Biack, Specify:	-American Indian, White, etc. White
21215-0020	C 1 60	Completed	15. Decedent's Education (Specify only highest grada com	pleted)	18e. Decedent's Usuai O (Give kind of work de life. DO NOT use re	one during most of wo	rking	16b. Kind of Busi	ness/Industry
212	should be filed within of Mental Hygiena. marked other than "r	EO.	Elementery/Secondary (0-12) Co	bilege (1-4or 5+)	Hydro1	ics Engine	er		AAI
	be filed tal Hygid d other event, II	Bec	17. Fathar's Nama (First, Middle, Last)	· · · · · · · · · · · · · · · · · · ·		18. Mothar's Na	ma (First, Middle,	Maiden Sumeme,	
lar	Mentai Mentai arked o	To E	James P.Holden Sr	•		Jo	sephine	Wisniews	ki
Maryland			19e. informent's Name/Relationship (Type, Pr	int)	19b. Malling Address (St	reet and Number or Ri	ural Route Numbe	r, City or Town, S.	tate, Zip Code)
	1 end 2 Heelth a em 27 is		Shirley Holden	0.6	315 MArg	aret Ave.	Baltimo	re Md. 2	1221
Baltimore,	of Hee		20a. Method of Disposition	20b. Piac	ce of Disposition (Neme of netery, cramatory or other	of colored	Date	20c. Location - C	ity or Town, State
E			1 ☐ Buriei 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	ai irom State	Lawn Cemet		9/98	Baltim	nore Md.
票	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Licensee	7	22. Name and A		3/30	Durein	ior c riu.
Ö	Page 8		DP 7	///	Connell	y FuneralH	ome of E	ssex	
			23a. Part1. Enter the disease, or combication shock, or heert failure. List certifione cau	s that caused the death	300 Mac	e Ave. Bal	timore M	d. 21221	Approximate
	Physician		shock, or heert failure. List cells one cau	se on each line.		-, g ,			Interval Between Onsat and Death
>	/Medical		tmmediete Ceuse (Final	Λ					
	Examiner		disease or condition resulting in death) a	175pirat		monia			
		ē		Due to (or e	es a consequence of):				
	ped nsit	듣	b	1) e preste	d Menta	1 5 tatu	5		
•	al-tra	Examiner	Sequentially list conditions, if any, leading to immediate	^	is a consequence of):				
68760,	rificeta be executed og physician end as the burial-transit		Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initieted events	Kefractor	y Conges	time Ite	art Fai	lure	
387	tificeta og phys as the	Physician/Medical	resulting in deeth) Lest	Due to (or e	s alconsequence of):				
	ding	Š	d	(Oronor	y Artery	1). 4eas.	e		
Box	death cer e attendin ed for use	clar			/ / /				
P.0.	0 0 %	ysi	Part ii. Other significent conditiona contribution	ng to death but not resulti	ng in the underlying cause	e given in Part t.	23b. Dtd te	obacco uae conti	ibute to the cause of death?
٦.	res that the de signed by the a I be datached t		Dautes Mellite	15			1 🗆 1	es 2□No 3	Probably 4 Hunknow
Records,	The iew requires that the ata has been signed by th page 2 should be datache	ed by	C	1 11 (24e. Was 8		24b. Were autopsy findings
8	w require been si	Completed	severe per phero	1 Vuscol	or 1:400 51	2	perfor	med?	available prior to completion of cause of death?
Re	The iew ata has page 2	E C					40.8	×6	
ल			05 W				1 U Y	7 - 7 - 1	1 ☐ Yes 2 ☐ No
Viita	Physician: this certific ral director,	o Be	25. Was case referred to medicel axaminer?	d:		Other:	ath (Check only or		
_	Phys this raidi	> -	I Tes 208,NO	1 Inpatiant 2 EF	R/Outpatient 3☐ DOA Bb. Time of 28c.	4 Li Nursing F	lome 5 ☐ Resid		
5	Aftar fune	lon	1 Natural 5 ☐ Panding	(Month, Day Year)		Injury at Work? 1 □ Yes 2 □ No	Zou. Describe ii	ow injury occurred	,
S	deetl deetl tor:	ical	2 Accident Investigation 3 Suicide 6 Could not be	Diagonal Ashara			ODE Lacotice (C	Manager and Alicenters	and Development Manager
Division	or A eftar Direct in by	Certification:	4 ☐ Homicide determined	building, etc. (Specify)	e, farm, street, factory, off	100	City or Tow		or Rurel Route Number,
	pital oral filled		29a. Certifier 11x Certifying Phyetcian:	To the heat of my knowle	and and an analysis of the state of the stat	:		(-) 1	
	To the Hospital or Attending Phywithin 24 hours effort deeth. To the Funeral Director: Affar thi completely filled in by the funeral	edical	(Check only 2 Medical Examiner: O	n the basis of my knowle in the basis of examinetion and manner stated.	n end/or investigation, in r	ny opinion, death occu	r, end due to the c irred at the time, c	euse(s) and menr late and place, en	d due to the cause(s)
	ithin o the o the	Me.	29b. Signature and title of certifier	G Mainier StateU.	29c. Lir	canse number	T	29d. Dete signed	(Month, Day, Year)
	F ≥ F 8		0 0						
	VA.		James Bernhen	m, m		11998	۲	ebrury 1	6, 1998
	6)		30. Name and address of person who complete	1		/	^	2	
			James Bernheimer		poland Rd.	Linthicum	MD	21090)
	Sta Registr	-	FFR 2 0 1998 4	32 Registrar's Signatur	a di aa		•		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	Certificate of 1. Decedant's Nama (First, Middla, Last)		Reg. I 2. Data of Death	No.	3. Tima of Death
Physician	Joseph Washington Johnson			Day Yaar	0705h-c
/Medical Examiner	4a. Facility Nama (If not institution, give street and number)	4b. City, Town, or Loc		7 1998 4c. County of Death	0/03/03
LAGITITIE	ST. AGNET HOSPITAL	BALTIM		N/A	
uneral	5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) If Undar 1 Yas		8. Data of Birth (Month, Day, Yea		iaca (Stata or Foreign try)
rector	217-03-9980 1 M 2 F 81 Yrs. Months Day	rs Hours Min.	MAR 30		cyland
*	Usual Rasidance of Dacedant 10a. Stata 10b. County 10c. City, Town or Location			T4/	Od Inside City I imite
of sho	MD N/A	Baltimore	٥	,"	0d. Insida City Limits 1-☑ Yas 2 ☐ No
r items 23a or 28a-f s nivet must be notified Funeral Director	10e. Street and Numbar 10f. Zip Coda			Citizan of What Coun	try?
3a o	3600 W. Franklin Street Apt. 2H	1229		USA	
ner ner		f Hispanic Origin? (Specuban, Maxican, Puarto R	cify Yas or No-	14. Race - America	
by B	1 □ Navar Marriad 2 ☑ Married 1 □ Yas 2 ☑ No If Yas, Giva 1 □ Yas 2 ☑ No Yaar or Dates:		noan, atc.)	Specify: B	lack
rt, the Medical Completed	15. Decedant's Education 16a. Decedent's Usuei Occ (Specify only highast grada complated) (Giva kind of work don	cupation	16b.	. Kind of Business/ind	lustry
Man aldu	Elementery/Secondary (U-12) College (1-4or 5+)	na during most of working ired)			
9	6 Mason			onstructi	lon
Se se se se se se se se se se se se se se	17. Fathar's Nama (First, Middle, Last) Daniel Johnson	18. Mothar's Nama		,	
To	19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Address (Stre		tie Warr		Codel
trau	2(00 11 7	capklin Ci	h Λ n h	2U Dol+i-	21229
other	Barbara Lee Johnson/Wife 3000 W. Fr 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other p	Lankiin Si		Location - City or To	
yor	1 ☐ Buriel 2 ② Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Metro Crematory,		/18/98 Ba	1+imana	MD
inju a	21. Signature of Pinaral Sarvice Licensea 22. Name and Add		10/90 158	altimore,	, MD
eny i	Low A Grennik Crematic	on Society	y of MD,	Inc.	
	Edward A. Cregorchik 299 Fred 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of deshock, or haert failure. List only one cause on each line.	derick Rd.	 Balti raspiratory arrest. 	more, MI	21228 Approximate
ician	shock, or haert failure. List only ona cause on each line.				interval Batween Onsat and Daath
dical	Immediata Causa (Final disaasa or condition PUL MONARY E/	MROLUS		2	even Days
niner	resulting in daeth) Dua to (or as a consequence of):	2040	1		0,000
rial-transit Examiner	a b			i	
burial-tran	Sequentially list conditions, if any leading to immediate				
	Sequantially list conditions, if any, laading to immadiate cause. Enar Underlying Cause (Disease or Injury c.				
as the bu	that initiated events rasulting in death) Last Dua to (or as a consequence of):			į	
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d for	Part ii Other significant conditions contributing to death but not requiting to the undertake agent	niven in Deat I	02h Did tohan		the course of death 2
d by Physician/M	Part ii. Other significant conditions contributing to death but not resulting in the underlying cause of	givan in rait i.			the cause of death?
be det	conjustive Heart radure				,
should b	Congestive Heart Failure Coronary Artery Disease		24a. Was an au performad	? ava	era autopsy findings allable prior to
C Q	They see		,	cor	nplation of causa deeth?
Com	ŭ		1 🗆 Yas	2 No 1	Yas 2 No
Be (25. Was case raferred to madical axaminar?	26. Placa of Death	(Check only ona)		
To dire	1 ☐ Yes 2 ☑ No Hospital: 1 ☑ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA			6 □Othar (Specify)
on:	27. Menner of Death 1 ☑Naturai 5 ☐ Panding 28a. Data of Injury (Month, Day Year) 28b. Time of injury W		8d. Dascribe how in	njury occurred	
the fu	2 Accidant invastigation M 1	☐ Yas 2 ☐ No	04.1-200-0		10 411
ed in by the funeral	4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide 4 ☐ Homicide	ea 21	8f. Location (Street City or Town, St	end Number or Rura ata)	i Houta Number,
completely filled in by	29a. Cartiflar (Check only one) 1 Cartifying Physician: To the bast of my knowledge, death occurred at the constant of the construction of the co	time, data and piace, ar	nd dua to tha cause d at tha tima, data a	e(s) end mannar as st and placa, and dua to	eted. tha causa(s)
	and married states.	nsa number	29d. I	Data signad (Month, I	Day, Year)
Me	The state of the s				
Me	(III) NI	17-02	Fo	6 17 1	999
Me	MEDICAL RESIDENT PI	1702	Fe	6.17,1	998
To the Funeral Director: A completely filled in by the it Medical Certificati	(III) NI				998



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State of Maryland / Department of Health and Mental Hygiene	0	1 (J
Cartificate of Dooth			

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month JOHN SON **Physician** LAWRENCE FEB 1:25 AM 19 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** THE GOOD SAMARITAN HOSPITALOF MARYLAND BALTIMORE If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) If Undar 1 Yaar 5. Social Security Number 6. Sax Birthplace (Stete or Foreign Country) **Funeral** 158-M 2□ F Months Days 237-03-769 83 Director W.UA Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at BALLimore YE Yas 2□ No Director MUD 10e. Street and Number 10g. Citizen of What Country? ŏ 45A "natural", or items 23a 6116 21209 Koad Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Ever in U.S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yes or No. If Yas, specify Cuban, Mexican, Puerto Ricen, atc.) 11. Marital Status permit. Pagas 1 and 2 should be filled within 72 hours effer t Department of Health and Mental Hygiena. Important: If Item 27 is merked other than "natural", or flan any injury or other traumatic event 1 Never Married 2 Marriad 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1□ Yes 2500 þ Specify: 3 ☐ Widowed 4 ☐ Divorced Specify: Black Completed 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) UNK UNK UNK 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) UNK 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Blackwell-Grandian Wanda BADIMOR 1110. 21201 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremation 3 Ramoval from State 2-19-98 Gausdonne MD. Albert P. WYLIE 7/H PA 4 □ Donation 5 □ Other (Specify) 21. Signature of Funeral Service Licenson 23a. Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest,

Approximate

Approximate Approximate Interval Between Onsat and Death **Physician** /Medical Immadiate Cause (Final disease or condition resulting in death) SEPSIS 2 WKS Examiner Due to (or as a consequence of): Examiner ettanding physician and for use as the bunal-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part il. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown COLON CANCER þ 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24a. Was an autopsy VASCULITIS this certificate 1 Yas 2⊠ No 1 ☐ Yes 2 X No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; 25. Was case referred to medicel examiner?
1 ☐ Yes 2 ☑ No Be 28. Piece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Medical Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of injury 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28c. injury at Work? 5 Pending 1 DNaturel 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner stated. 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

31. Data filed (Month, Dey, Yeer) State Registrar

FEB 2 0 1998

Maurice Barhawati, MD

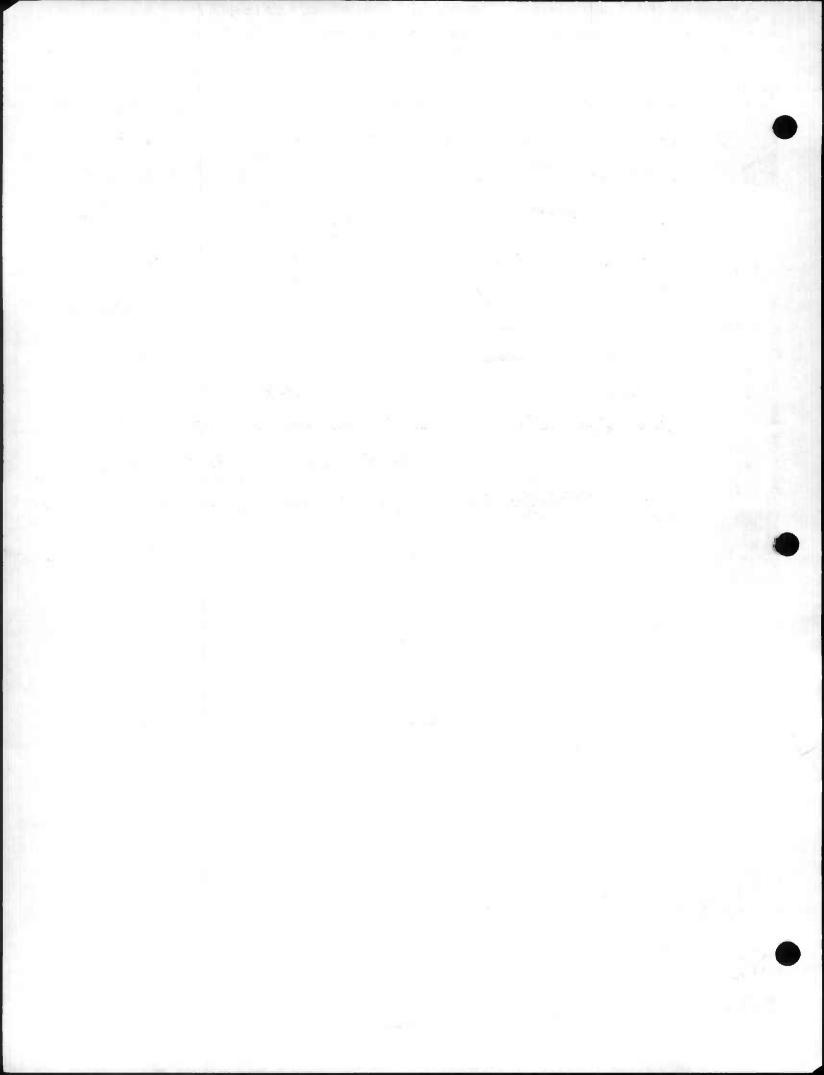
32. Registrar's Signature

hela Tavidson Randell

P11399

30. Name end address of person who completed cause of death (Item 23e) (Type, Print)
MAURICE BACHAWATI, THE GOOD SAMARITAN HOSPITAL OF MARYLAND, 5601 LOCHRAVEN BLI, BALTI MORE

FEB , 19, 1998



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth 3. Time of Deeth Day **Physician** 4.00 Am ETTA 18 KLASS February
4b. City, Town, or Location of Death 4c. County of De /Medicai 4e. Fecility Neme (If not institution, give street end number) Examiner Northwest Hospital Center Randallstown
| If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Baltimore if Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funerai** 1 □ M 2 X F Months Deys Vear Yrs Director 123-20-1960 72 August 7, 1925 New York Usual Residence of Decedent the Marylend 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits an "natural", or items 23a or 28a-f show Director 1 Yes 3 No Baltimore Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4 Quimper Court 21208 Funeral USA death 11. Marital Status 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. filed within 72 hours efter 1 ☐ Yes 2 ☑ No 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: by 3 Widowed 4 Divorced Yeer or Dates: white Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) I Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) Tie Homemaker i. Pages 1 and 2 should be filed w tment of Heelth and Mental Hygien tant: If item 27 is marked other th ijury or other traumatic event, Its Own Home Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Leo Cohen Dora 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Abraham Klass - spouse 4 Quimper Court, Baltimore, Maryland 21208 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Memovel from Stete Department important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Mount Golda Cemetery 2/20/98 Huntington Station, NY 21. Signeture - Foneral Service Lipensee 22. Name and Address of Fecility Gary L. Kaufman Funeral Home at Meadowridge Memorial Park, Inc. Tuen Steven H. Williams 7250 Washington Blvd., Elkridge, MD 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Intervel Between Onset end Death **Physician** /Medicai Immediate Ceuse (Finel LEFT PNEUMUNIA LOBE 3 DAYS diseese or condition resulting in death) Examiner Due to (or es e consequence of) STAGE CHROMIC CBSTRUCTIVE The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Lest burial-trar Due to (or es e consequence of): PULMONARY P.O. Box 68760, physiclan YEARS. DISCASE Physician/Medical the Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? detached 15 Yes 2 No 3 Probably 4 Unknown Records, by page 2 should be Were eutopsy findings eveileble prior to Completed 24a. Wes en eutopsy completion of cause of death? 1 Yes 25 No 1 Yes 2 No of Vital Be 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Yes 250 No this 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division or Attending 5 Pending investigation 1 Naturel s after death.

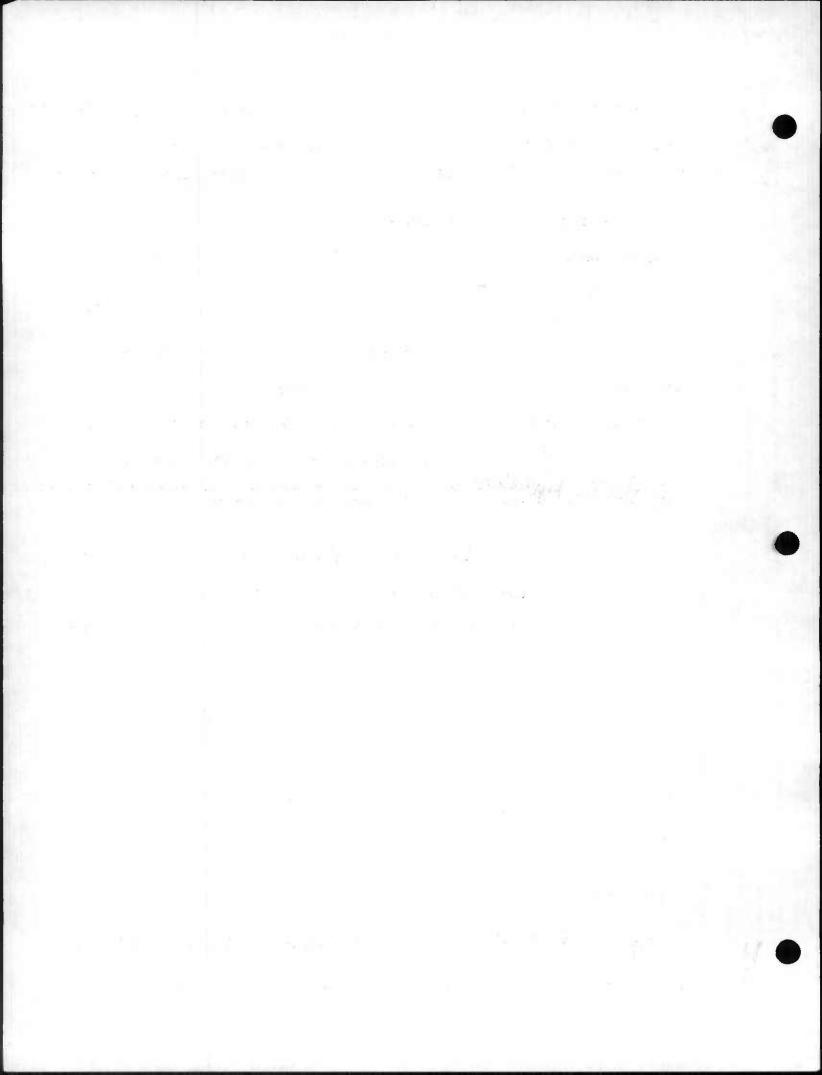
I Director: Aft
od in by the fur 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funerel C 29a. Certifier To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end menner es stated.

| Medical Exeminer: On the best of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end manner stated. Medicai (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) mehla mo 041410 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) PMEHTA JOGIMBER HOSPITAL CENTER RAMOBLESTALIN MO 21133. MINTHWEST

32. Registrer's Signeture

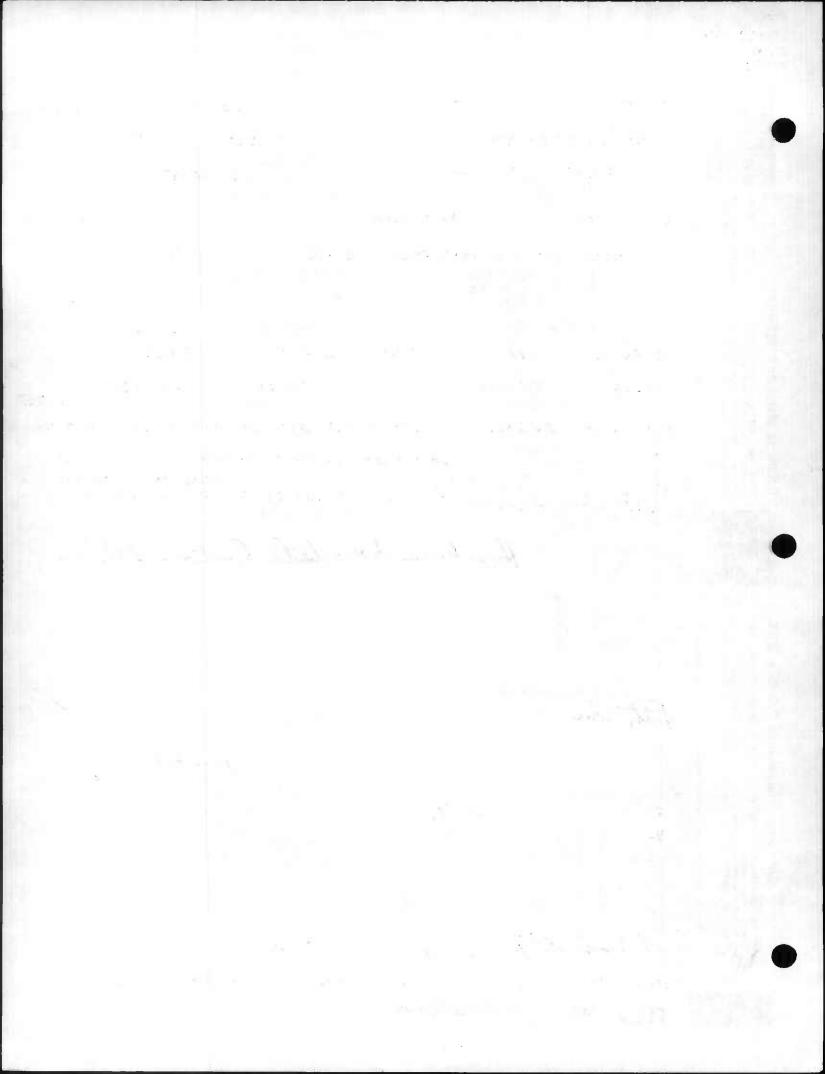
State Registrar 31. Dete filed (Month, Dey, Year)

FEB 2 0 1998



State of Maryland / Department of Health and Mental Hygiene

IL	LETT				State of	iviaiyid		-	tificate of			IQ IVI	Cinairiy	Reg. No.	20	U	106
			1. Decedent's Name (First, Mid	de, Last)									2. Date of De Month			Year	3. Time ot Death
	Physicia /Medic	_	Floyd	L.	K	illet	ct								1998	Teal	8:55 PM.
	Examine		4e Facility Neme (If not instituti							4b. C	ity, Town	, or Lo	cation of Deel	h 4c.	County		
Ĺ		Ц	JOHNS HOPKI						Killeder & Van	160			MORE		N		
	Funeral Director		5. Social Security Number 219-52-8235	6. Sex	M 2√2 F	7. Age (In yi 49		hday) Yrs.	If Under 1 Yea Months Days		Under 24 lours	Min.	8. Date of Bi (Month, Di 02-1			9. Birthp	elace (State or Foreign etry)
	pue *	-	Usual Residence of Decedent 10e. State 10b. Count	у		10c.	City, Town	or Lo	cation							1	0d. inside City Limits
	ith with the Meryler 23a or 28e-f ehow	5									No 2□No						
	r 28	Director	10e. Street and Number						10f. Zip Code)				10g. Cit	izen of V	Vhat Cour	ntry?
	th wit		938 North I	Patt	erson	Park	c Av	e.	212	205				US	SA		
Maryland 21215-0020	urs aftar des	by Fur	11. Marital Status 1 Never Married 2X Me 3 Widowed 4 Divorce	rried	2. Was Dece Armed For 1 ☐ Yes it Yes, Give Year or Da	rces? 24⊡XNo e	U,S.		Was Decedent of f Yes, specify Cu 1 ☐ Yes 2 🖫 No		nic Origir lexicen, f pecify:	n? (Spe Puerto f	cify Yes or N Ricen, etc.)	0-		k, White,	ean Indien, etc. lack
2-0	72 hours natural',	pet	15. Decede	nt's Educ	ucetion			18e. Decedent's Usuai C (Give kind of work of life. DO NOT use i			n na most o	d workin	20	16b. Kind of Business/			dustry
21	within 7 ena. than °n	Completed	(Specify only high Elementery/Secondary (0-12)		Completed) College (1	-4or 5+)						WOIKII	ig	В.	C.I	•	
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and	\$ 0 D >	Be	17. Fether's Name (First, Middle Henry		illet	+					Matt		(First, Middle		:Kni		pro- species
Z		2	19a. Intormant's Name/Relation			<u></u>	10h	Mallin	ng Address (Stree	-			I Boute Numl			_	Code) 21205
Ma	d 2 s th ar 7 is																
re,	-755	-	Sheila A. 20a. Method of Disposition		llett		. Place of	Dispo	sition (Name of natory or other p		LSOI	I P	Date				nore, Md own, State
mom	age anto rt: If		1 ☑Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (emoval from S	State			ore Cem		erv	02	-23-9	8 E	Balt	imo	ce, Md.
Baltlmore,	프로란	1	21. Signature of Funeral Service		e ()			_	. Name and Add								yland
m	Depa Impo any I		De Maria	26	KON	6/		WN	M.C. Ma	arc	h FF	1 1					
			23a. Part1. Enter the disease, of shock, or heart failure. List	or compli	cetions that ca	aused the de	eath. Do r	not ente	er the mode ot d	lying, s	uch es ca	ardiac o	r respiratory	arrest,			Approximete tnterval Between
	Physician		onor, or nour tandro. En	only on	./												Onset and Death
A	/Medical Examiner		immediate Ceuse (Final disease or condition	а	Hay	newton	where	- 0	WKeins	cly	te	- (Card	-	scul	1 Oh	sem-
	3	_	resulting in death)		/	Due to	ores a	conseq	quence ot):								
	pet list	ulu u		b												- +	
,	ficete be executed physician and st the bunal-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury	o (or as a o	r as a consequence ot):												
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	= 000		resulting In deeth) Lest			20010	(0, 00 0 0		acris 5 1/1								
Вох	eeth certifi attanding for use es	any		d												1	,
.O.	thet the deeth cert ed by the attandin datached for use	Physician/M	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.									23b. Did tobacco use contribute to the cause of death?					
P.	thet the	P P	fett has							1 Yes 2 No 3 Probably 4 Unknow							
ds,	e law requiras the has been signed ge 2 should be da	by	gain o										240 1440			24h W	ere autopsy tindings
Ö	requiras been sign should be	etec											peri	s en euto formed?	psy	ev	ailable prior to impletion of ceuse
Rec	The law ate has b	E											ele	exten	1		death?
a	iclan: The certificate h rector, page	e Completed by	25. Was cese reterred to medic	oi.									^	Yes 2□No		13	Yes 2□ No
Division of Vital Records,		0 20	examiner?		ospital:	npatient 2	KER/Ou	tnation	nt 3 DOA	Whor:	-	-	n <i>(Check only</i> me 5 ☐ Res		6 Oth	er (Specil	(v)
10	Physer this eral d	-	27. Manner ot Death		28a. Date o	of Injury	28b. T	ime ot			4 🗆 (40/3		28d. Describe				,,
ion	Attending ir death. actor: After by the fune	atio	1 Pend 5 Pend inves	ing tigation	(MOIIII	h, Day Year,	' I'	njury			2 🗆 No	0					
Vis	er de recto by th	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide deter	not be mined	28e. Place buildin	ot Injury - Al	t home, fa	rm, str	eet, fectory, offic	00		1		(Street ar		er or Run	al Route Number,
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	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	edical				sis ot exami			n occurred et the vestigetion, in my								
	To the within 2 To the comple	-	29b. Signature and title ot certit	ier	11/	7			29c. Lice								Day, Yeer)
	NH.		Medda	M	K	1/2 -	20			0.0	.M.E	3 •		FEB	. 18	, 19	98
Dr.	103		30. Name and address of perso	n who con	mpleted ceus	e death (l			Print) nn Stree	et,	Balt	:imo	re, Ma	ryla	nd 2	1201	
	Stat Registra	٣ -	31. Dete filed (Month, Day, Yea	r)	Julia &	peigtran's Sig	Ando	88_									



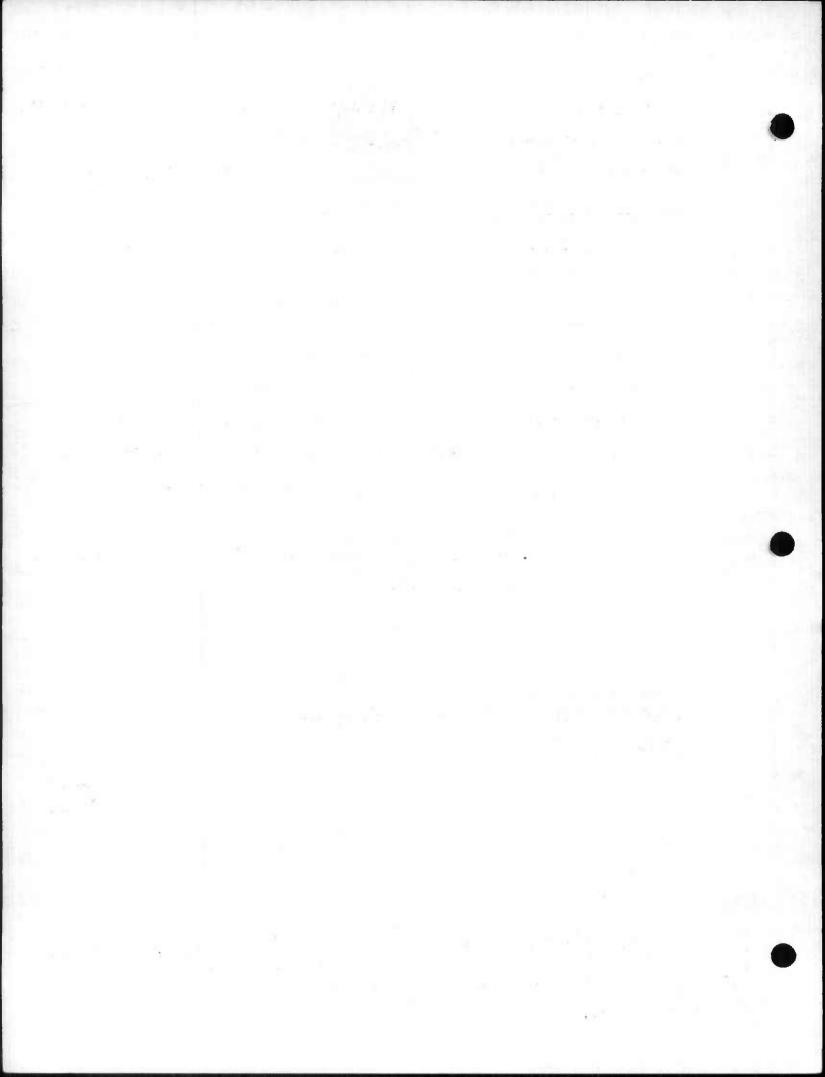
State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death KELLY Month **Physician** HERBERT 7:45 AM February 15, 1998 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Baltimore Rehabilation and Extended Examiner Baltimore PIA Care Center 7. Aga (In yrs. last birthday) If Under 1 Yaar Hours Min. July 17, 1917 5. Social Sacurity Number Birthplaca (Stata or Foreign Country) **Funeral** Days 1⊠M 2□F 216-07-6485 80 Yrs Director Maryland Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other then "natural", or items 23a or 28a-1 show any Injury or other treumstic avant, the Medical Examiner Injury be notified. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Delaware Sussex Frankford ¥ Yas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 19945 USA Rt.2 Box 150 Z Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 ⊠ Yas 2 □ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 18a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) 12th Supervisor DuPont 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) George Kelly Lillian 19a. intormant'a Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Bertha Kelly / wife Rt. 2 Box 1507 Frankford Delaware 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of 20c. Location - City or Town, Stata Metro Crematory or other place) 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Specify) 2/17/98 Baltimore 21. Signature of Funeral Service Licensee 22. Nama and Addrass of Facility Connelly funeralHOme of Essex 0 300 Mace AVe. Baltimore Md. 21221 me antar tha moda of dying, such as cardiac or raspiratory arrest, 23a. Part1. Enter the disease, or complications that caused the death shock, or heart tailure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physiclan** Immediata Causa (Final diseasa or condition rasulting in daath) /Medical . Probable cardiac arrest Minutes Examiner Dua to (or as a consequanca of): Examiner Covonary disease artery lew requires that the death certificate be executed attending physician end for use es the buriel-transi Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury that intiated evants rasulting In death) Last Dua to (or as a consequence of). Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. been signed by the should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Atrial fibrillation, Stroke with left py 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? sided paralysis 1 Yas 2 12 No 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attending Physicien: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p 25. Was casa refarred to medical Be 26. Place of Death (Check only ona) axaminar? Hospital: Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28c. Injury at Work? Certification: 28a. Data ot injury (Month, Day Year) 28b. Tima of 28d. Dascribe how injury occurred 1 ENatural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Suicida 6 Could not be datarmined Location (Street and Number or Rural Route Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, street, tactory, office building, atc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the best of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical (Check only one) 29b. Signature and title of cadifier 29c. Licansa number 29d. Data signed (Month, Day, Year) D32548 tebruary 15,1998 DH 30. Nama and address of person who completed causa of death (Item 23a) (Type, Print) Ba (Hi More VA Medical Center Street, Baltimore 10 PERRY L. Colvin MD 10 N. Greene 31. Data tiled (Month, Day, Year) Julia Davidson-Randolle

DHMH 16 Rev 6/95

Registrar



98-0798-510

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

CEDERIC LYLES

ate of Maryland / Department of Health and Mental	Hygiene ()	8	05	11	7
Certificate of Death	Reg. No.		00	1 (וע

4b. City, Town, or Location of Daath

Physician
/Medical
Examiner

1. Decedent's Name (First, Middle, Last) redric 4a Facility Name (If not institution, give street and number)

2. Date of Death Month Day Vear FEBRUARY 17,1998

3. Time of Death

10:20A.M.

Funeral

5. Social Sacurity Number 6 Sax 1 M 2 F 214-38-3890 Usual Residence of Decedent

802 N.GLOVER STREET

7. Age (In yrs. last birthday) 59 Yrs.

BALTIMORE If Undar 1 Yaar | If Under 24 Hrs. Months Days Hours

A 8. Date of Birth (Month, Day, Year)

 Birthplace (Stata or Foraign Country) MARYLAND

10d. inside City Limits

1 Yes 2 No

Director Pagas 1 and 2 should be filed within 72 hours after death with the Maryland nant of Health and Mantal Hygiene.
ant: If Hem 27 is marked other than "natural", or Hems 23s or 28s-f show ury or other traumatic event, the Mexical Examinal must be not fred.

Baltimore, Maryland 21215-0020

10a State Directo Funeral by Completed

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Examiner

Physician/Medical

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Certification:

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permit. Pagas Department of Important: If it any Injury or o

Physician /Medical

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e Hospital or Attending Pi 24 hours after death. e Funeral Director: After th

To the Hospital of within 24 hours a To the Funeral D completely filled

10b. County NIA 10e. Street and Number

10c. City, Town or Location BALTINORA 10f. Zip Code

10g. Citizen of What Country? 4.5

16b. Kind of Business/Industry

4c. County of Death

NORTHM 3103 11. Marital Status

md.

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

Rd ond 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Yaar or Dates

2 / 2 44

13. Was Decedent of Hispanic Origin? (Specify Yes or Noif Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 1 Yes 2 No Specify:

14. Race - American Indian, Black, White, etc. BLACK

15. Decedent's Education (Specify only highast grada completed) Elementery/Secondary (0-12)

Coilege (1-4or 5+)

WIFE

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Employed LEUN | 18. Mother's Name (First, Middle, Maiden Surname)

LEON KROCHER

17 Fathar's Nama (First Middle Last)

LEON

LYLES 19a. Informant's Name/Relationship (Type, Print) MABLE JACKSON

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALto. md. 21244 3103 North mond Rd

LyLes DAKA 20a. Method of Disposition

1 Buriai 2 □ Cremation 3 □ Removal from Stata 4 □ Donation 5 □ Other (Specify)

20b. Place of Disposition (Name of cemetery, crematory or other p Date ry or other place) Cemetery 123/98 WoodLawn

20c. Location - City or Town, State Woodlawn, MD BACHO, MA 212/3

21. Signature of Funeral Selvice Licensee

22. Name and Address of Facility
JEFF MILLEA P.C. FUNERSC Homes TEFF MILLER P.C. Funding, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, st. List only one cause on each line.

immediate Cause (Finei disaasa or condition resulting in death)

Due to (or as a consequence of)

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated avents resulting in death) Last

Dua to (or as a consequence of):

Due to (or as a consequence of).

Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy Yes Yes

111 Penn Street, Baltimore, Maryland 21201

26. Place of Death (Check only one)

2 🗆 No

24b. Were eutopsy findings eveilable prior to completion of ceuse of death?

Approximate intervei Between Onset end Deeth

2 \ No

1 Ves 2] No
---------	------

25. Wes cese referred to medical axaminer? 1 ▼Yes 2 No

27. Manner of Death

Natural

3 Suicida

2 Accident

4 Homicide

5 Pending investigation

6 Could not be determined

28a. Dete of Injury (Month, Day Year)

26e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28c. injury at Work? 28b. Time of Injury 1 Yes

Other: 4 Nursing Home 5 Residence 6 Dether (Specify) HOUSE 28d. Describe how injury occurred

29a. Certifier

1 Certifying Physician: To the best of my knowledge, death occurred at the time, deta and piace, and due to the cause(s) end mannar as stated.

2X Medical Examtner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and piace, and due to the cause(s) end manner stated.

29b. Signature and title of certifier

29c. Licansa number

29d. Date signed (Month, Day, Year)

30. Name and address of person who completed ceuse of death (item 23a) (Type, Print)

O.C.M.E.

FEBRUARY 18,1998

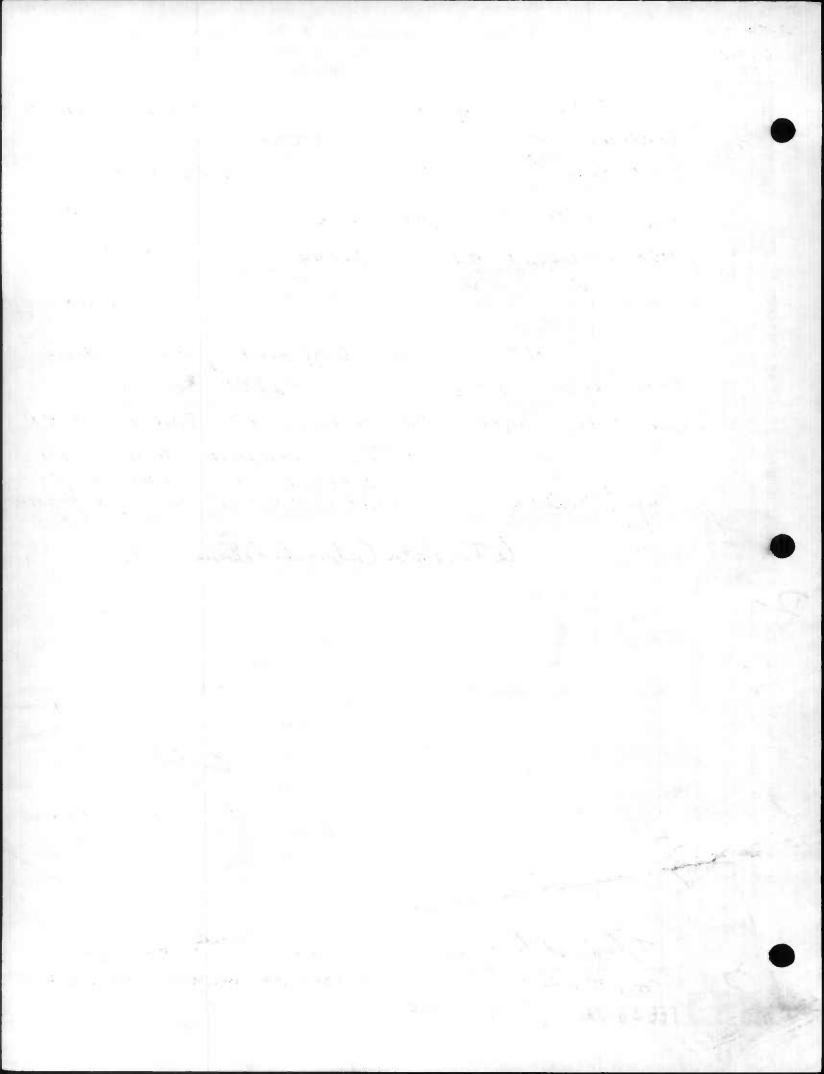
28f. Location (Street and Number or Rural Route Number, City or Town, State)

31. Date filed (Month, Day, Year)

32 Registrar's Signature

State Registrar

2



Physic /Medi Exami

Funeral Director

Physician /Medicai Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the bunel-transit

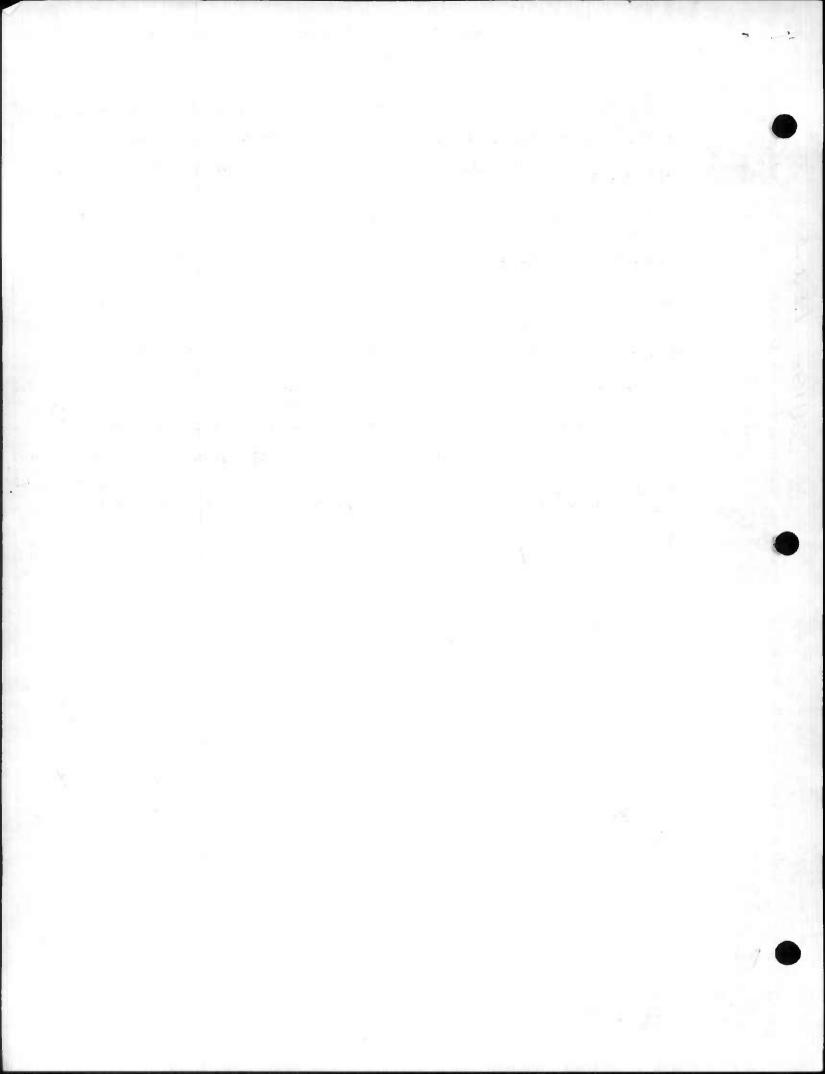
Division of Vital Records, P.O. Box 68760,

Please Type or Print in	Black Indelible Ink.	Assure All Copies	Are Legible.

	1. Decedent's Name (First, Mid	ldle, La	st)			ertificate of	Doutin		2. Date of Dea	Reg. No.		3. Time of Death
	Louise				L	ewis			Month FEBRUA	LAY 16	1998	940/A
	4a. Fecility Neme (If not institute Stella Mari				lercy		wn, or Lo	cation of Deeth		y of Deeth		
	5. Social Security Number	6. S		T	rs. last birthday			24 Hrs.	8. Date of Birth	h ,	9. Birthpl	ace (Stete or Forei
	183-22-9190	1	□M 2007 F	69	Yrs.	Months Days	Hours	Min.	8. Date of Birth (Month, Day 04-0	7=28	Count	VA
	Usuel Residence of Decedent 10e, State 10b, Coun	the c		100	City Town or I	Location						
10e. State 10b. County 10c. City, Town or Location Md NA Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of W											16	0d. Inside City Limit X N□ Yes 2 □ N
	10e. Street and Number	1417			Darci	10f. Zip Code				10- 011		
			m 1				0.0			10g. Citizen of	what Count	try?
	3126 North	ern		way cedent Ever in	U.S. 13	212 3. Wes Decedent of		igin? (Spe	cify Yes or No-	USA 14. Ba	ce - America	en Indian
	1 □ Never Married 2 □ Ma		Armed F	orces? 2 No ive		If Yes, specify Cul	oan, Mexicer	n, Puerto I	Rican, etc.)		ack, White, e	etc.
	15. Decede	ant's Ec	fucetion		16a. Dec	cedent's Usual Occu	pation		T	16b. Kind of E		
	(Specify only high Elementary/Secondary (0-12)			(1-4or 5+)	(Giv	ve kind of work done . DO NOT use retire	e during mos ed)	t of workl	ng			
	10th Grade		NA		La	borer				Quali		in
	17. Fether's Name (First, Middle	a, Last)					18. Mothe	er's Name	(First, Middle,			
	Everett			Whi			Rose				ite	
	19e. informant's Name/Relation	iship (7	Type, Print)			iling Address (Stree						2120
	Morris Lew: 20a. Method of Disposition	is_		206		26 E. No position (Name of	rther	n P		balt 20c. Location		
	1 Surial 2 ☐ Cremetion			State	cemetery, cri	emetory or other pla	,	00				
	4 Donation 5 Other (· ·		lem. Pk.			-20-98	Ran	dalls	stown, M
	21. Signatule of Funeral Service	e Licen	1			22. Name and Addr	ess of Facilit	ly :	Baltim	ore,	Maryl	and 212
	Immediate Cause (Final disease or condition resulting in death)	st only	e. Lu	Ng	(or es a conse	NCER equence of):	ing, such as	cardiac o	101 E.	rest,		Approximate Interval Between Onset and Deeth
1	disease or condition	st only	e. Lu	Due to	CAI	WCER equence of):	ing, such as	cardiac o	r respiratory arr	rest,		Approximate Interval Between
1	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that Intitated events	{	e. <u>L</u> <u>U</u> b	Due to	(or as a conse	WCER equence of): equence of):	ing, such as	cardiac o	23b. Did to	obacco use co	ontribute to	Approximate Interval Between Onset and Deeth MONTH the cause of deatt
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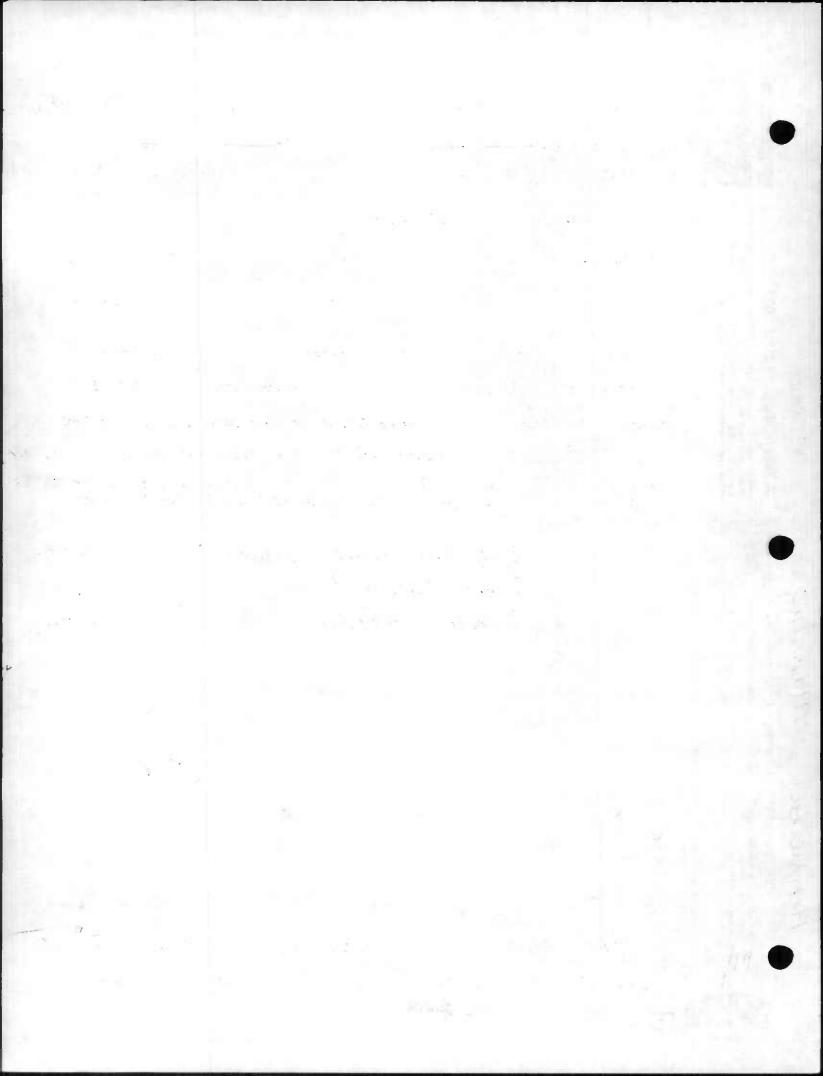
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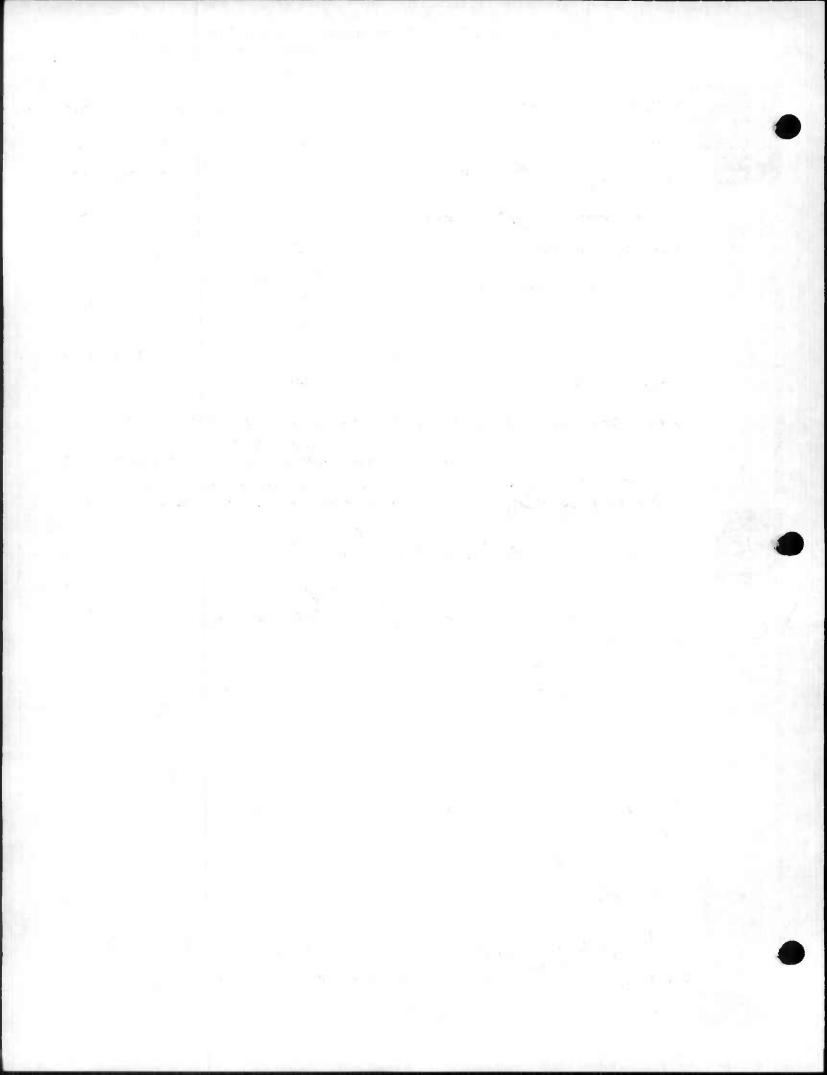
c be	r MED G-757 3/27/98 (1. Decedent's Neme (First, Middle,			Jerano	cate of I	Joann	2. Dete of De		3.	Time of Death	
ician dical	Henrietta		Mannin	g			Jeb	Day/8	1998	1145an	
niner	4e Facility Neme (If not institution, s	Of Bel A				Bel Air	OKC	4c. County			
al or			Age (In yrs. la		Inder 1 Year oths Days	If Under 24 Hrs Hours Min.	(Month, De	h y, Yeer) 11-13	9. Birthplace Country), Hai	(State or Foreig	
	Usual Residence of Decedent 10e. Stete 10b. County		10c. City	Town or Location	1				10d. l	nside City Limi	
tor	Md Harfo	rd	Ed	gewood					1	□Yes 2 🖳	
Director	10e. Street and Number			10	f. Zip Code			10g. Citizen ot \	Whet Country?		
Funeral	410 Gateshea			140 111 - 5	21040			USA			
27 1 411	11. Meritel Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Deced Armed Force 1 Yes 2 If Yes, Give Year or Date	es? XIXNo	If Yes, special		ispanic Origin? (S in, Mexican, Puer Specify:	o Rican, etc.)	Specify	e - American Irck, White, etc.		
	15. Decedent's (Specify only highest			16a. Decedent's	Usuel Occup	ation	rkina	16b. Kind of B	usiness/Industr		
Completed	Elementary/Secondary (0-12)	College (1-4	lor 5+)			during most of wo	A III				
	Unknown 17. Fether's Neme (First, Middle, La	NA st)	and the state of t	Dress	s make		me (First, Middle,		stress		
0 0	Balthalzar	Mague			lucci						
	19a. Informent's Name/Relationship	, ,, ,							Town, State, Zip Code)		
	Mildred M. 20a. Method of Disposition	Samy	20h Pla	ce of Disposition	(Neme of	ler Way	Edgewo	20c. Location -			
	4 D netion 5 Other (Spe	□Removal trom St	CO CO	metery, cremetor, nas Mer	or other plea	Cem.	02-21-				
	23a. Part1. Enter the disease, or contained the shock, or heart teilure. List or immediate Cause (Final disease or condition	ly one cause on eac	ch line.	Do not enter the	mode of dyin	ch FH 1 ng, such as cardia	or respiratory e	North	Avenu		
Examiner	Immediate Cause (Final disease or condition resulting in death) e. Congretive Heart Failure Due to (or as a consequence ot): Requestions Due to (or as e consequence ot):									1145	
X	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying				20	V1455					
vmedical	Cause (Disease or injury that Initiated events resulting in deeth) Lest	c. <u>Diak</u>									
Physician/M	Pert II. Other algnificant conditions	Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in							ntribute to tha	cause of deal	
by Phys							1□	Yes 2000	3 Probably	y 4□Unkno	
				44				en eutopsy prmed?	evailab	utopsy tinding le prior to tion of cause h?	
							10	Yes 2 No	1 ☐ Ye	s 200 No	
0	25. Wes case reterred to medical examiner?	(4			0		eth (Check only o				
10	1 ☐ Yes 2 No 27. Manner of Death	Hospital: 1 Inp	-	R/Outpatient 3[28b. Time of	DOA Oth	4 Nursing I	fome 5 ☐ Resi	dence 6 DOth			
edical Certification:	1 Natural 5 Pending 2 Accident investigal 3 Suicide 6 Could no	Day Year)	Injury M		k? Yes 2 □ No	28t. Location (Street and Num l		ute Number,		
28e. Piece of Injury - At home, tarm, street, factory, office determined 28e. Piece of Injury - At home, tarm, street, factory, office building, etc. (Specify) 29a. Certifier (Check only 29a. Certifier (Check only 29a. Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due											
	One)	aminer: On the bas and menne	r stated.	on and/or investig			irred at the time,				
Σ	29b. Signature and title of cartifier	MD			29c. Licens			29d. Date signed (Month, Day, Year) February 18, 1996 Maryland 21014			
	20 Name and address of parson up	a completed cause	ot dooth (Itom	23a) (Type Print)				,			
	30. Name and address of person who south Hasu	o completed cause	2 11	L. A.		B. 1 1.	M.	lunel	21611	/	

DHMH 16 Rev 6/95



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hysicia	- 1	1. Decedent's Neme (First, Middle, Las	st)	Certificate	or Death	2. Dete of Deet	eg. No.	3. Time of Death							
/Medic		Claire A. McCa	uley			Month Feb.	Dey You	98 10:17 A.M							
xamin		4a. Fecility Name (If not institution, give	street end number)	Location of Deeth	4c. County of I										
		Bowie Health Cen	ter		Prince	e George's									
neral ector		147 18 1435	7. Age (In yrs. 1 M 2√2 F 72	Yrs. If Under 1 Y	ear If Under 24 Hr. eys Hours Mir			Birthplece (State or Foreign Country) New Jersey							
		Usuel Residence of Decedent 10a. Stete 10b. County	100 Cib												
ar sno	ctor			y, Town or Location wie				10d. Inside City Limits XXX Yes 2 □ No							
Or 20	Dire	10e. Street end Number		10f. Zip Co		1	0g. Citizen of Whe	et Country?							
1	rai	12329 Flamingo La	ne		20715		United S	States							
event the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Ever In U, Armed Forces? 1 ☐ Yes 2 ☐ No if Yes, Give Year or Dates:	S. 13. Was Decedent If Yes, specify	of Hispanic Origin? (: Cuben, Mexicen, Pue No <i>Specify:</i>	Specify Yes or No- to Rican, etc.)		Americen Indien, White, etc. White							
Tre Medical	Completed	15. Decedent's Ed (Specify only highest gree Elementery/Secondery (0-12)	ucetion de completed) College (1-4or 5+)	16a. Decedent's Usuel Or (Give kind of work di life. DO NOT use re Secretary	ccupetion one during most of wo stired)	orking	16b. Kind of Busin								
Vent,	Bec	17. Fether's Name (First, Middle, Last)		Secretary		me (First, Middle, M		cty of haryland							
200	2	Louis Boseski		1	Mary S										
7 is m traum		19e. Informent's Name/Reletionship (7		19b. Meiling Address (St											
5		James F. McCauley 20e. Method of Disposition		12329 Flam											
5	H	1 EBurial 2 ☐ Cremetion 3 ☐		lece of Disposition (Neme of emetery, cremetory or other		4,1998	20c. Location - City								
		4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service License	110	ryland Veter		ry	Cheltenh	nam Maryland							
any injury or other		Michael & Biller Robert E. Evans Funeral Home, Iñc. 16000 Annapolis Rd. Bowie Maryland 20715													
		23a. Pert1. Enter the disease, or comp shock, or heart fellure. List only	lications that caused the death	. Do not enter the mode of	dying, such es cerdia	c or respiretory erre	est,	Approximate Interval Between							
an cal ner		Immediate Ceuse (Final disease or condition resulting in death)	· Ventric	ular fil	brillat	ion		Onset and Death							
_	ner		Carclia o	r es e consequence of):	1			7 years							
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_	Medicai	thet initiated events resulting in deeth) Lest	Due to (or	es e consequenca of):											
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	by Phy					1 🗆 Ye	8 20 No 3[☐ Probably 4 ☐ Unknown							
	Completed					24e. Wes ei perform		4b. Were eutopsy findings eveilable prior to completion of cause of deeth?							
orrector, page	ပ္ပ					1 □ Ye	s 2 No	1 Yee 2 No							
	Be	25. Wes cese referred to medical exeminer?	11			eth (Check only on	9)								
	2	I les ZNO		ER/Outpetient 3 DOA		Home 5 ☐ Reside	-	Specify)							
	tion	27. Manner of Deeth Naturel 5 Pending Accident investigation	28a. Dete of Injury (Month, Dey Year)		injury et Work? 1 □ Yes 2 □ No	28d. Describe ho	w injury occurred								
	10	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Injury - At ho building, etc. (Specify	me, ferm, street, fectory, off		28f. Location (St. City or Town	reet and Number of, Stete)	or Rural Route Number,							
oy ma ionara	Certification:	4 ☐ Homicide													
by the funara		29a. Certifying Phy	sicien: To the best of my know iner: On the basis of examineti end menner stated.	vledge, deeth occurred et th ion end/or investigetion, in r	e time, dete end plec ny opinion, death occ	e, end due to the ce urred et the time, de	ouse(s) end menne ete end place, end	er es steted. due to the cause(s)							
by the runara	edicai	29a. Certifier (Check only 2 Medical Exam)	ner: On the basis of examineti	ion end/or investigetion, in r	ense number	urred et the time, de	ete end place, end	due to the cause(s)							
plataly filled in by tha funara	Medicai	29a. Certifier (Check only one) Certifying Phy Certifying Ph	end menner stated.	on end/or Investigetion, in n	ense number 26 4	P 2	ete end place, end Od. Dete signed (N Q, (9, 4)	due to the cause(s) Nonth, Dey, Year)							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Date of Death February 10, 1998 Dr. Yezsev Markman 7:53 P.M. 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington Adventist Hospital Takoma Park Montgomery If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6.Sex XX M 2□F Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) Days 70 220-23-5896 Yrs June 4, 1927 Russia Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 15 Yes 2 □ No Maryland Montgomery Takoma Park 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 20912 7620 Maple Avenue, Apartment # 509 U. S. A. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 Nevar Married 20 Married 1 ☐ Yas 2 ☒ No If Yes, Giva Year or Dates: 1 Yas 2 No Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decadent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 7 Years Physician Medical 17. Fathar's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Aaron Markman Bertha (Unknown) 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Zina Leshchiner (Step-Daughter) 13829 Bison Drive, Silver Spring, Maryland 20906 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1XXBurial 2 Cremation 3 Ramovai from State Judean Memorial Gardens 2/12/98 Olney, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funeral Sarvice Licenses 22. Name and Address of Facility STEIN HEBREW MEMORIAL FUNERAL HOME, INC. Yonald C. 232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 23a. Part1. Enter the disease, or complications that caused the death. Do not anter tha mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line Approximate Interval Betw Immediate Cause (Final disease or condition resulting in deeth) Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveilable prior to completion of causa of death? 24a. Was an autopsy performed?

Physician /Medical Examiner

other

0

permit. Page Department of Important: If any injury or once.

Physician

/Medical

Examiner

Funeral

Director

show

Director

Funeral

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Completed

7 is marked other than "natural", or items 23s or 28s-f shot traumatic event, the Medical Example must be notified at

Pagas 1 and 2 should be filed within 72 hours after or nant of Haaith and Mental Hygiene. nt: If item 27 is marked other than "natural", or item

altimore, Maryland 21215-0020

Box 68760.

P.O.

Records.

Division of Vital

Attending

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death with the Maryland

Examiner sician and burial-transit physician s tha burial as signed by the a tha lunaral

After this cartificate

rector:

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Medical

Physician/Medical by Completed Be 70 Certification:

2 X No 2 No 1 Yes 26. Place of Deeth (Check only one)

25. Was case referred to medical 1 Yes 2 No 27. Manner of Dea

6 Could not be

5 Pending investigation

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)

Aegistrar's Signature

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

Netural

3 ☐ Suicide

2 ☐ Accident

4 Homicide

Certifying Phyalcien: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner es stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signature and title of cartifier

31. Date filed (Month, Day,

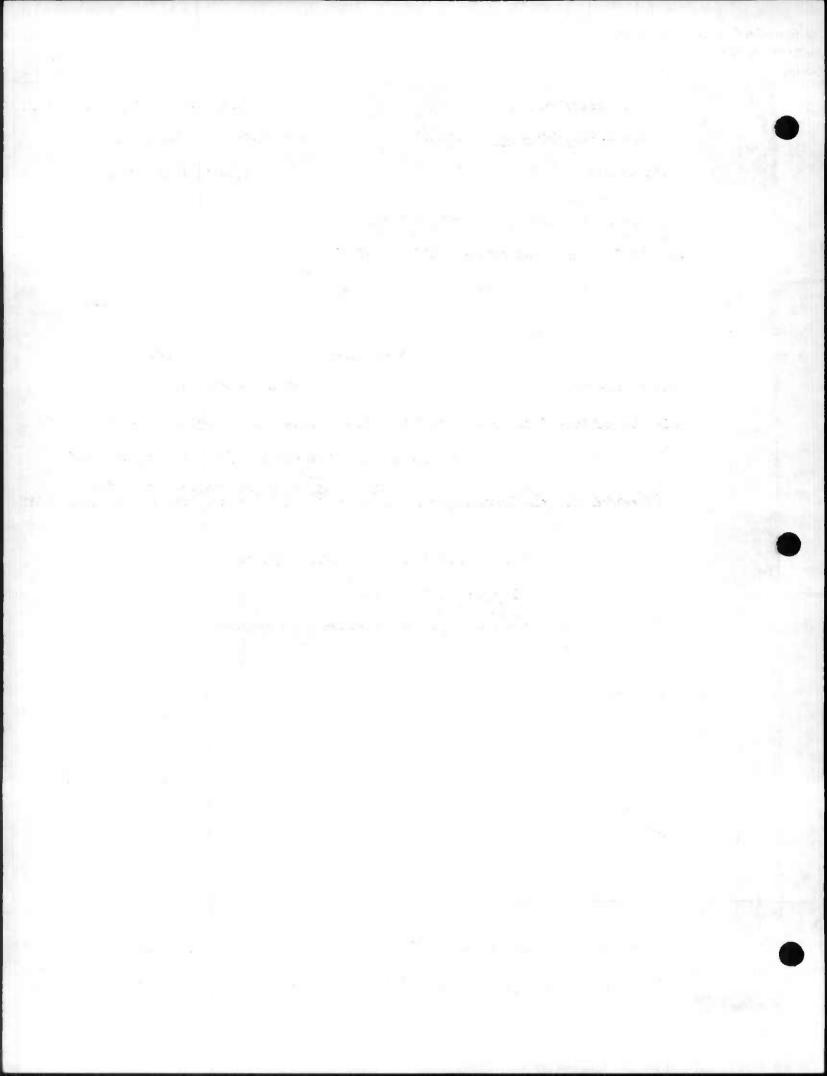
29c. Licanse number

29d. Data signed (Month, Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

7610 CARROLL AVE, TAKOMA PARK

State Registrar



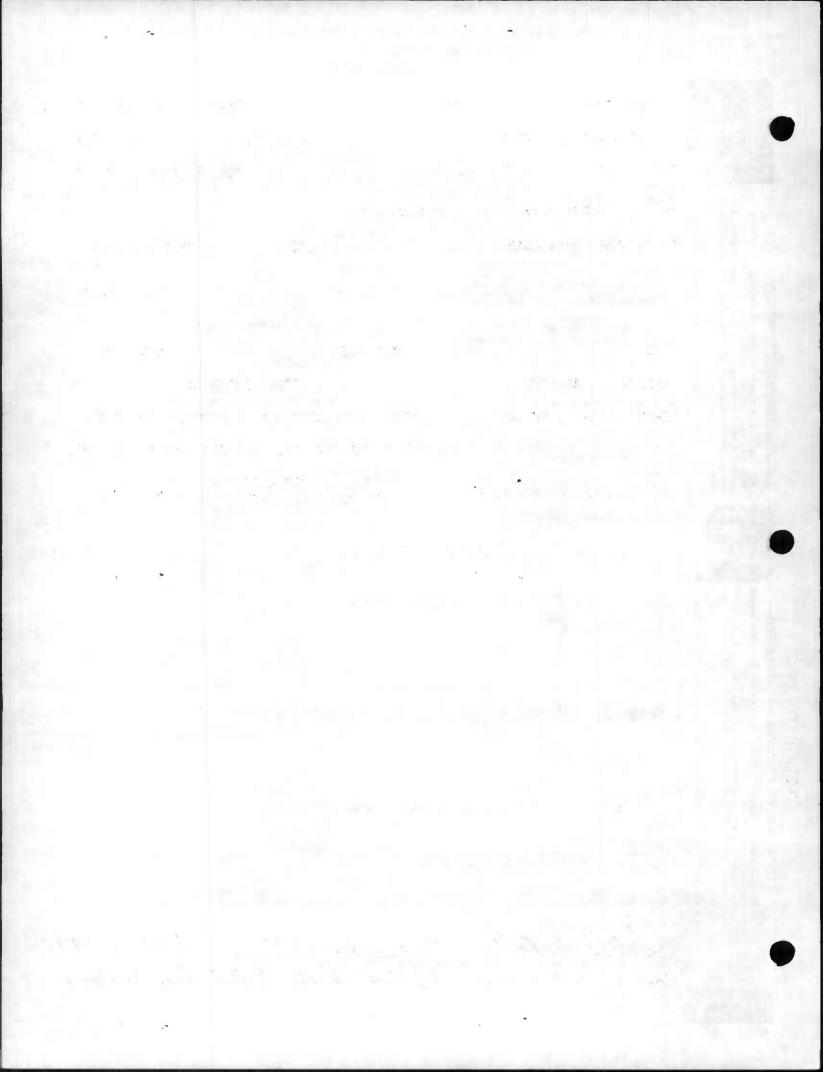
Please Type or Print in Black indelible ink. Assure Ali Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth Month Year **Physician** ELIZABETH FEBRUARY NANCE 15,1998 10;20 /Medical 4a Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** 17027 BLACK ROCK ROAD GERMANTOWN MONTGOMERY If Under 1 Year If Under 24 Hrs 5. Social Security Number 7. Age (In vrs. lest birthday) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Year) **Funeral** Days Hours Months 1 M 2 KF 577 07 9500 Director NOV. 13,1909 VIRGINIA Usual Residence of Decadent with the Maryland 10c. City, Town or Location 10a. Stete 10b. County 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Exeminer must be notified at MD. MONTGOMERY GERMANTOWN 1 ☐ Yes 2 2 No Director 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 17027 BLACK ROCK ROAD 20874 UNITED STATES Funeral death 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indian, Bleck, White, etc. 11 Merital Status Pages 1 and 2 should be filed within 72 hours aftar naat of Health and Mental Hygiene.
ant: if itam 27 is marked other than "natural; or ite ury or other traumatic event, tra Healtral Examinary or other traumatic event, tra Healtral Examina 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes: 1 Never Married 2 Married 2图No Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: WHITE P 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 10 HOMEMAKER OWN_HOME 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be ROBERT AREHART IDA BUCHANAN 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) LEWIS P. NANCE, HUSBAND 17027 BLACK ROCK ROAD, GERMANTOWN, MD. 20874 altimore, 20b. Plece of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, State GERMANTOWN BAPTIST CEM. 1 Buriel 2 □ Cremation 3 □ Removal from State permit. Page Department of Important: If any Injury or 2/19/98 GERMANTOWN, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility MURIEL H. BARBÉR FUNERAL HOME P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final cances una years disease or condition resulting In death) Examiner Due to (or as e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting In deeth) Last physician and the burial-tran Due to (or es a consequenca of): ре аквс P.O. Box 68760, Physician/Medical Due to (or as e consequenca of) use as 0 signed by the all d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? 1 Nes 2 No 3 Probably 4 Unknown Vital Records, 24b. Were eutopsy tindings available prior to completion of cause of deeth? page 2 should Completed 24a. Wes en autopsy certificate has been 1 Yes 2 THO 1 ☐ Yes 2 ☐ No Physician: director. Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Assidence 6 ☐ Other (Specify) 2 1 Yes 2 No of funeral 27. Manner of Death 28e. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how injury occurred 28b. Time of Certification: After Division or Attending 1 Matural 5 Pending investigation after death. 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be determined 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 ☐ Homicide To the Hospital within 24 hours a To the Funeral Completely filled 1 Cartifying Phyaician: To the best of my knowledge, deeth occurred at the time, dete and plece, end due to the ceuse(s) and manner as steled.

2 Madical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and placa, and due to the ceuse(s) end manner stated. 29a. Certifier edical 29b. Signature and title of sprtifier 29d. Date signed (Month, Dev. Year) 29c. License number 6 540 30. Name and address of pe son who completed cause of death (Item 23e) (Type, Print) redeath Rd Gai There buy Schoenberga 220 31. Date filed (Month, Day, Year) 32. Registrer's Signeture State Livia Davidson FEB 2 0 1998 Registra

DHMH 16 Rav 6/95

EL L'ABETH



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 6 5 Certificate of Death The Correct Middle, Last) The Correct Middle, Last Middle,

							Cer	tificate o	f Death		Reg. No.					
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	Physic		THOMAS E.	O'BRIE	N, JR.					Feb	Day	8 199		10:50 pm		
	/Medi Exami		4a Fecility Neme (I	If not institution,	give street end numb	oer)			4b. City, Town, o	r Location of Dea		County of D				
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	Funeral Director		5. Social Security N 218-14-12	280	Sex 1∆ M 2□ F	Age (In yrs.	last birthday) Yrs.	If Under 1 Ye. Months Dey			irth Dey, Year) /1924		Country	ca (Stete or Foreign y) (LAND		
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	deeth with the Maryland ms 23a or 28a-f show	Director	MD	HOWARD			ELLICOT						100	1 Yes 2 No		
	5 A	Te e	10e. Street and Nur	mber				10f. Zip Code	Э		10g. Citiz	ten of Whet	Country	y?		
	13a c		3250 NORM	MANDY WO	U	.S.A.										
	deet	Funeral	11. Maritel Status		12. Was Deced	ent Ever In U	,S. 13. V	2104 Wes Decedent of	of Hispenic Orlgin? uben, Mexican, Pue	(Specify Yes or N		4. Rece - A				
	5 ± 2	by Fui	1 ☐ Never Marr 3 ☑ Widowed	ied 2 Marrie	Armed Forc 1 Yes 2 If Yes, Give Year or Date	□No		Yes, specify C		eno Rican, etc.)		Bleck, W Specify: 1				
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	2121 3 within jiene.	Completed	Elementery/Seco		College (1-4	or 5+)		RICIAN	ired)		CON	STRUC'	TTON	7 FIELD		
	The Hand		17. Fether's Neme	(First, Middle, La	st)				18. Mother's N	ame (First, Midd	THE RESERVE			1 2 3 4 4 4 4		
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	and I sho		19a. Informent's Na	ame/Relationship	(Type, Print)	Rural Route Num	ber, City or	Town, Stet	e, Zip C	Code)						
	M self		STEPHANIE RUSSEL/NIECE 8975 FURROW AVE. ELLICOTT CITY, MD 21										42			
	of He of He		20e. Method of Disp					sition (Neme of netory or other p	oleca)	Date	20c. Loc	cation - City	or Tow	n, Stete		
	Battimore, semit. Pages 1 er Sepertment of Hee mportant: if item in y injury or other ance.				☐Removel from St city)	ete	-			2/23/98	CROW	NSVIL	LE.	MD		
	mit.	eny injur	4 Donetion 5 Other (Specify) CROWNSVILLE VETERAN CEM. 2/23/98 CROWNSVILLE, MD 21. Signature of uneral Service Licensee 22. Name end Address of Fecility STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228													
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3/	/Medical Examiner		Immediate Cause (Final disease or condition Aspiration Preumonia											2 weeks		
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	ords requires sen sign						0				s en eutop	sy 24		e eutopsy findings		
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N	To the He within 24 To the Fu	Me	29b. Signature end	title of certifier	1,	^	. ^	29c. Lice	ense number	1.	29d. Date	e signed (M	ionth, D	ey, Year)		
4	Mil		1 lal	alma	Kenkon	se !	149	D	4670	04	Fe	61	8.	1998		
	CUL		30. Neme end eddr	ess of person wh	o completed cause	of death (Item	n 23e) (Type, I	Print)		1.		_	10 1	- 11.0		

ACMES HOSPITAL BLT MO

State Registrar

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MUTAMBA KANKONOTO

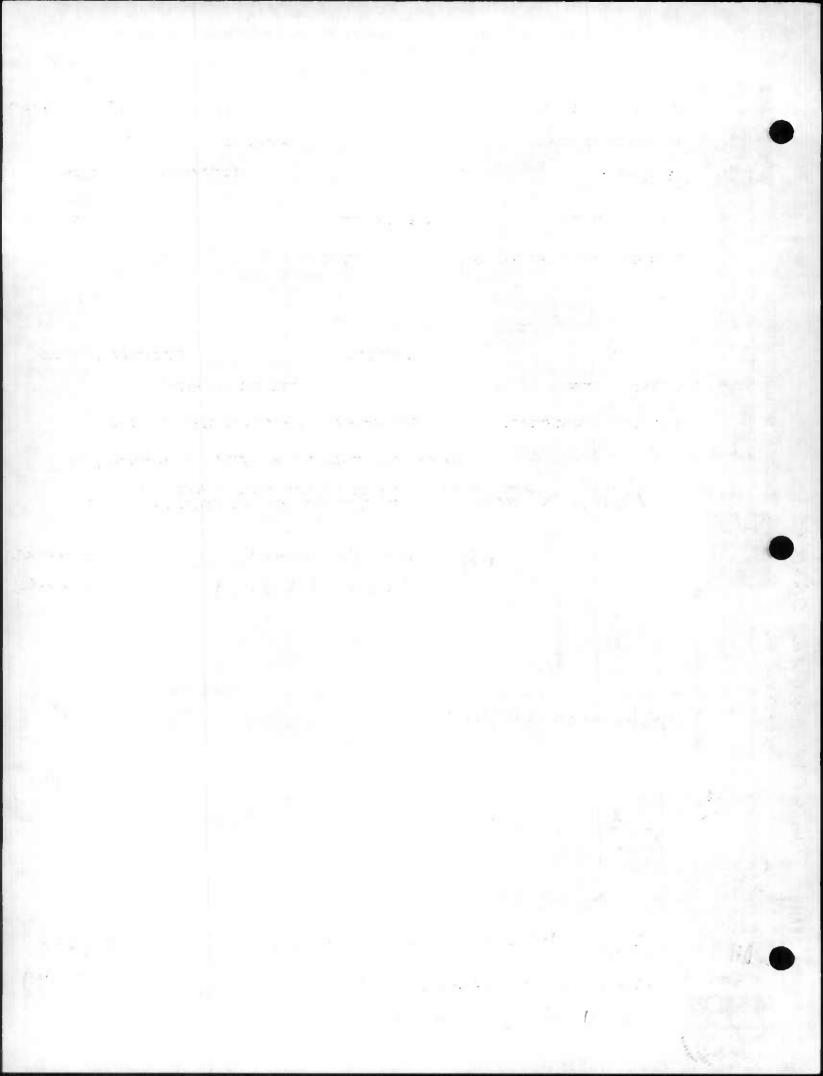
31. Date filed (Month, Day, Year)
FEB 20 1998

GRANKONOTO

32 Registrate Signature

FEB 20 1998

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Yeer Price, Sr. Feb. 98 10:50am 16, 4a. Fecility Neme (If not institution, give street and number) 4b City Town or Location of Death 4c. County of Deeth Baltimore
| H Under 1 Year | If Under 24 Hrs. | 8, Da NA Gilchrist Nursing Home 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreigh Country) MM 2□ F Deys 215-46-9096 49 Yrs Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes ★□No Anne Arundel Severn 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 8321 Chesmar Court 21144 12. Wes Decadent Ever in U.S. Armed Forces? 1 ☐ Yes, X2 ሺ No If Yes, Giva Year or Dates; Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Computer Specialist Health Care Fin. 12th Grade 2yrs. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Price Harris Samuel 19e. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) 8321 Chesmar Court Severn, Maryland 21144 Price Gail 20e. Method of Disposition 20b. Pleca of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremetion 3 ☐ Removel from State Arbutus Mem. Pk. Cem. 02-23-98 4 ☐ Donation 5 ☐ Other (Specify) Arbutus, Md. 22. Name end Address of Fecility 21. Signature of Funeral Service Licenses Baltimore, Maryland 21202 WM.C.March FH 1101 E. North Avenue 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or haart feilure. List only one cause on each line. Approximata Intervel Between Onset end Deeth Immedieta Cause (Final 1ears diseese or condition resulting In death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Disaese or Injury that initiated evants resulting in deeth) Lest Dua to (or es e consequança of): Due to (or es e consequença of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy 1 Yes 2 No 2 No 25. Was case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Stother (Specify) Hospice Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 27. Menner of Death 28d. Describe how Injury occurred 28c. Injury et Work? 28b. Time of 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No 2 Accident Investigation 3 Suicida 6 Could not be 28e. Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homleide

signed by the a The law requires thet ceta has b this certificeta Vital Hospital or Attanding Physician: 24 hours efter death. director, Division of Director:

Physician/Medical þ Completed Be 10 Certification:

Physician

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Examiner

Funeral

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28a-f show must be notified at

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Pages 1 and 2 should be finent of Haalth and Mental Int. If Item 27 Is marked of

permit. Pages 1 and 2 s Department of Haalth ar Important: If item 27 is any injury or other trau once.

Physician /Medical

Examiner

72 hours after

21215-0020

Baltimore, Maryland

Director

by

Completed

To the Hospital within 24 hours of To the Funaral Completaly filled ()

Registrar

Medical

29a. Certifier

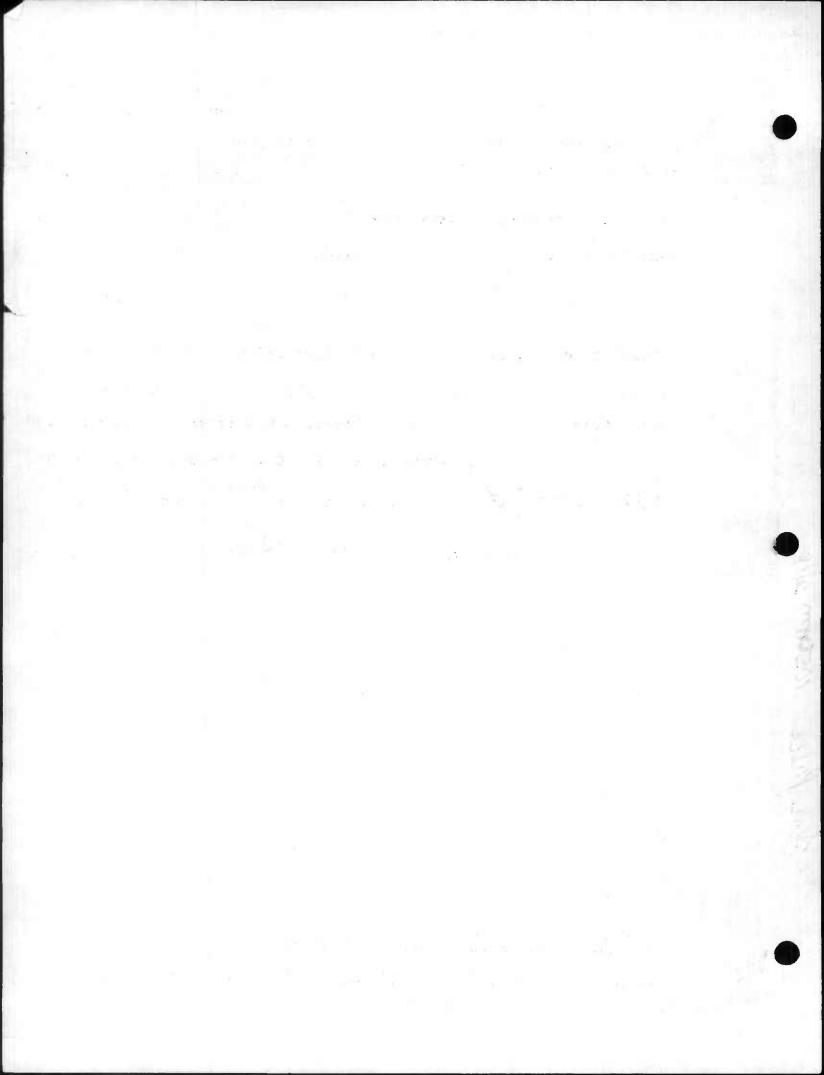
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2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, data and placa, and due to the cause(s) and menner stated.

29b. Signature and fittle of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

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replated cause of couth (Itam 23a) (Type, Prior)
- BMC 6701 N. Charles St. Bulto. Md 2128x



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygien R Certificate of Death 2. Data of Death 1 Decedent's Nama (First Middle Last) 3. Tima of Death FLORENCE MARIE PALMER February 13, 1998 ation of Death 4c. County of Death 6:10 AM 1998 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) CARDINAL SHEHAN CENTER FOR THE AGING Timonium
If Undar 24 Hrs. Baltimore County If Undar 1 Yaar Birthplaca (Stata or Foreign Country) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) 1 □ M 2 🕅 F Months Deys Hours Min. 717-07-7474 98 May 28,1899 Maryland Usuai Rasidanca of Decadant 10e. Steta 10b. County 10c. City, Town or Location 10d. insida City Limits 1 ☐ Yas 2 No Maryland Baltimore County Timonium 10f. Zin Coda 10g. Citizen of What Country? 2300 Dulaney Valley Road 21093 USA 12. Was Decedant Evar in U.S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - American Indien, Black, Whita, atc. 11. Marital Status 1 ☐ Yas 2 X No If Yas, Give Yaar or Datas: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 15. Decedant's Education (Specify only highast grada complated) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12th Ticket Agent Railroad 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumam Joseph James Noppenberger Margaret Get.z. 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Typa, Print) Christina A. Collins, Esq. Rep)
20a. Mathod of Disposition (ep) 40 W. Chesapeake Ave., Ste. #200 Towson, MD 21204

20b. Place of Disposition (Nama of Camatary, cramatory or other place)

20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Liberty U. Meth Cem. 2/19/98 White Hall, Maryland 21. Signature of Figures Sent Allighouse Martin D. Levson 22. Nama and Address of Facility Mitchell-Wiedefeld Home Martin D. Tayson 6500 York Road, Baltimore, Maryland 21212

23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate shock, or heart failure. List only one cause on each line. Onsat and Death Immediata Causa (Final diseasa or condition rasulting in daath) Dua to (or as a consequence of) Sequantially list conditions, if any, laading to Immadiata causa. Entar Underlying Causa (Disaasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably € Unknown EMEN 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to complation of cause of death? 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? 26. Placa of Daath (Check only ona) Othar: Nursing Homa 5 Assidence 6 Othar (Specify) 1 Yas 2 X No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28h Time of 28c. Injury at Work? Naturat 5 Panding

Physician /Medical Examiner

Examine

Physician/Medicai

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Completed

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Certification:

Medical

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(Check only one)

29b. Signatura and titla of contilion

3 ☐ Suicide

29a. Cartifiar

Physician

/Medical

Examiner

Directo

Funeral

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Completed

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Director

with the Merylend

permit. Peges 1 end 2 should be filed within 72 hours after death with the Merylen Department of Health end Mental Hygiena. Important: If Itam 27 is merked other then "netural", or items 23s or 28s-f show sub fujury or other traumatic avent, the Medical Example fraumatic avent and accordance from the Medical Example fraumatic avent and accordance fraumatic avent and accordance fraumatic avent avent and accordance fraumatic avent avent and accordance fraumatic avent avent and accordance fraumatic avent ave

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Box 68760.

P.0

Division of Vital Records,

within 2 A (0)

n 24 hours efter death.

Ne Funeral Director: Af
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death.

Registrat

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. 29c. Licensa number
D 2 5 68 6

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year) 2-18-98

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Typa, Print)

DOW

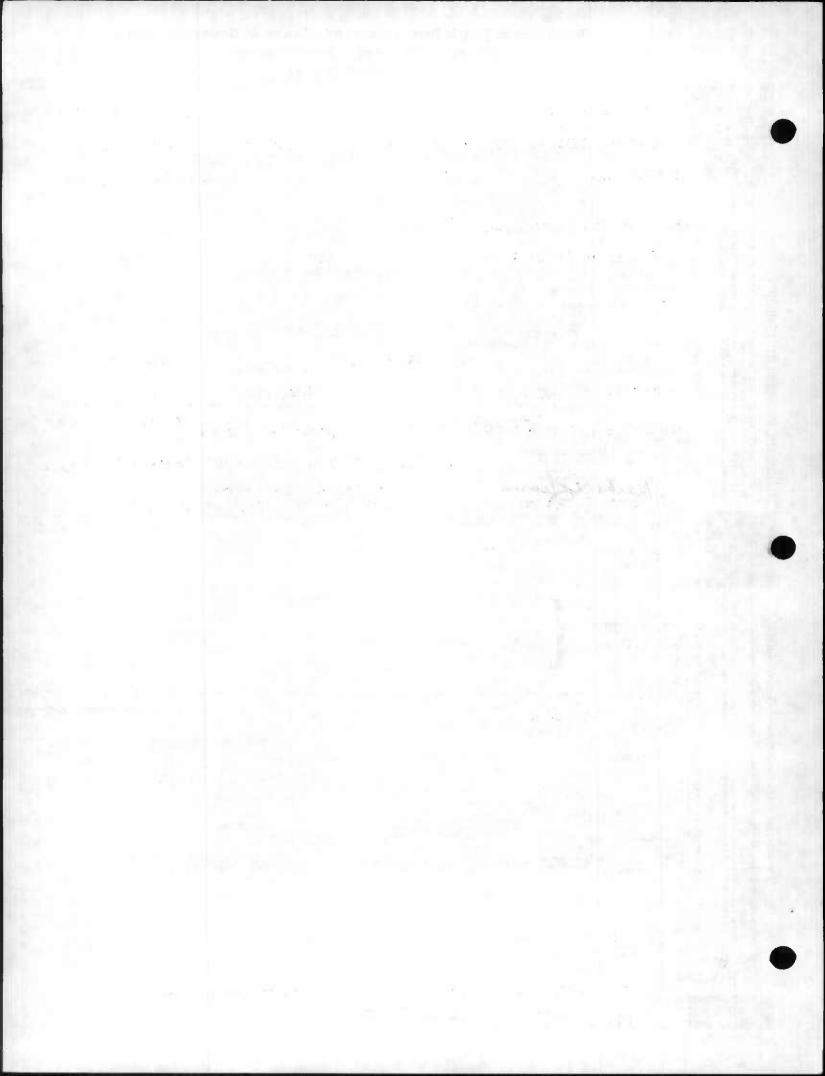
Ebrahim Ipakchi, M.D. 7600 Osler Drive, Towson, Maryland 21204 32. Registrar's Signatura 31. Data filed (Month, Day, Year)

whice Davidson Randalle

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

Invastigation

6 Could not be datamined



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 10b per F.H.G-758 4/8/98 reb Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death February **Physician** Verma Mae Passauer 1998 3:05 A.M. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Franklin Square Hospital Center Rosedale Baltimore 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, April 2, 7. Age (In yrs. last birthday) **Funeral** Birthplece (State or Foreign _Country) Deys Hours 1 M 2 F 215-22-3413 Yrs. Director 70 Baltimore, Maryland Usuel Residence of Decedent 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28e-f show traumetic event, the Medical Examinal maint be notified at Director Baltimere HARFORD 1 ☐ Yes 2 ☑ No Maryland Joppa 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 602 B Harborside Drive 21085 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. 1 Yes 2 No if Yes, Give Yeer or Detes: 1 Never Married 2 Merried by 1 ☐ Yes 2X No Specify: Specify: White 3 ☐ Widowed 4 ℃ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry nd Mental Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) N/A Administrative Supervisor Social Security Administration 17. Fether's Neme (First, Middle, Last) . Peges 1 and 2 should be file ment of Health and Mental Hi lant: If item 27 is marked oth 18. Mother's Neme (First, Middle, Maiden Sumeme) Cecil Henry Price Tda Mae Maddox 19e. informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Straet and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2 Department of Health 8 Important: If item 27 is any injury or other tra once. Donna M. Billings (Daughter) 101 Stone Harbor Court Joppa, Maryland 21085 20a. Method of Disposition 20b. Piece of Disposition (Name of cemetery, crematory or other place) Dete 20c. Location - City or Town, Stete XXBurial 2 Cremetion 3 Removel from Stete Gardens of Faith February 20, 1998 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Neme and Address of Fecility Lassahn Funeral Home, Inc. 7401 Belair Road Baltimore, Maryland 21236-4625 rse, or complications thet caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory errest, Approximete intervel Between Onset end Death **Physician** /Medicai Immediete Ceuse (Finai diseese or condition resulting in deeth) . Metastatic Lung Cancer 2 years Examiner Due to (or es e consequence of): Examiner or Attending Physician: The law requires that the death certificete be executed and **buriel-tran** Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760. physician Physician/Medical the Due to (or es e consequence of) attending Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Hypertension Q Completed 24b. Were eutopsy findings evellebie prior to completion of cause of death? 24e. Wes an autopsy performed? Arteriosclerotic Heart Disease certificate 1□ Yes 2 No 1 ☐ Yes 2 No Be (25. Wes case referred to medicei 26. Piece of Deeth (Check only one) 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 SInpatient 2 □ ER/Outpetient 3 □ DOA After this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide edical 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted. Medical Examiner: On the basis of examinetion end/or investigetton, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end manner steted. (Check only one)

P.O. I Division of Vital Records, the within To the

> State Registra

31. Dete filed (Month, Dey, Year)

Thomas F. Burke

30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print)

29b. Signature and the or certifies



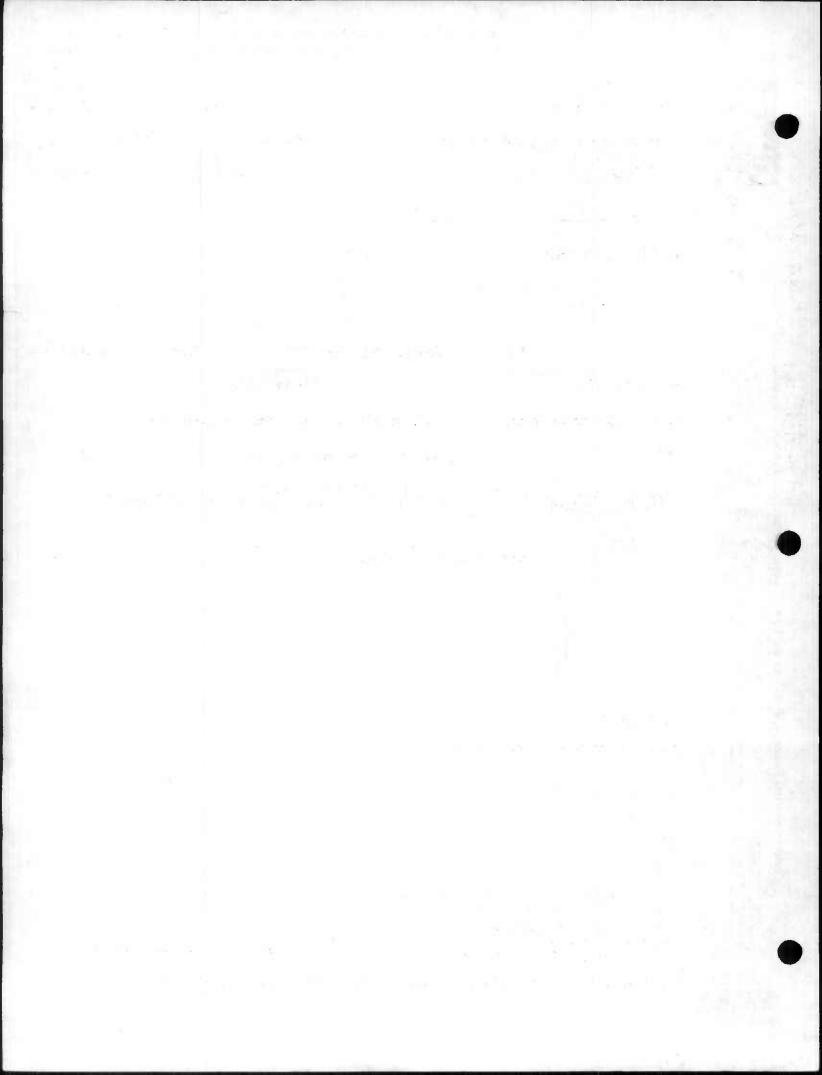
IN

29c. License number

9000 Franklin Square Drive Baltimore, Maryland 21237

29d. Dete signed (Month, Day, Year) February 17 1998

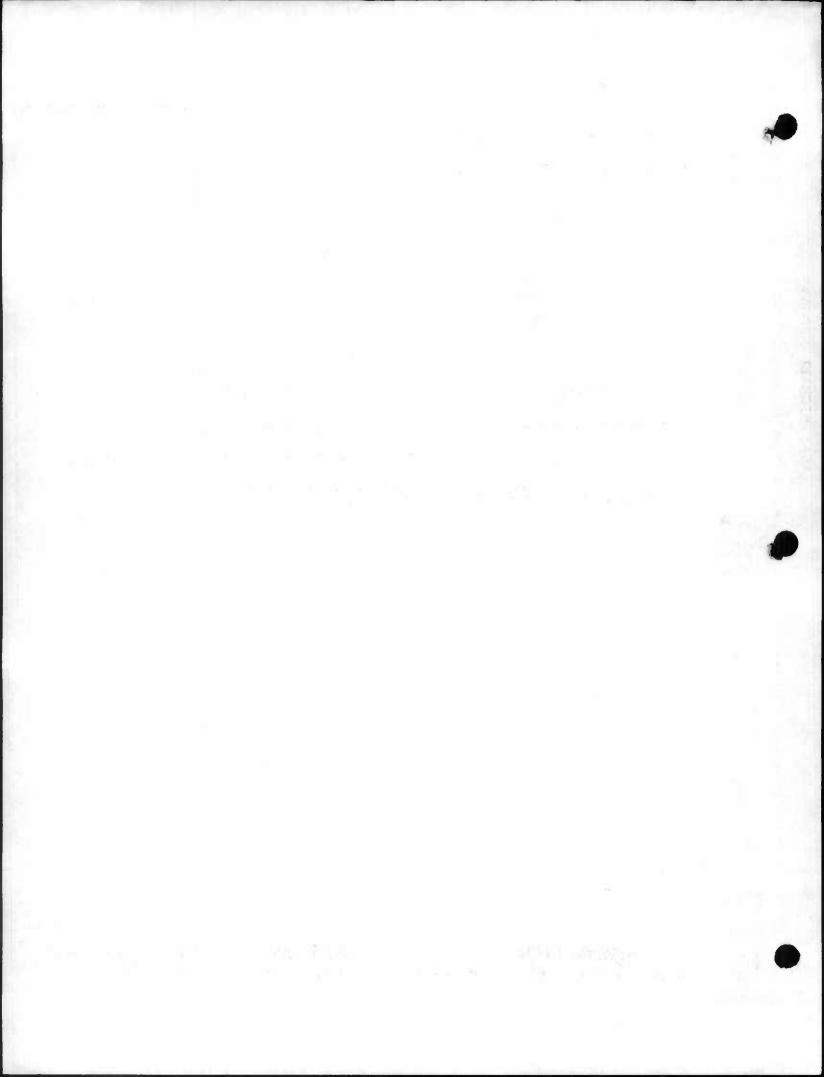
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State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate of	Death	7		Reg. No.		30110		
Discontact	ź	1. Decadant's Nama (First, Mide	de, Last)					T	2. Data of De Month		Year	3. Tima of Death		
Physici /Medic		MICHAEL		F	REAGAN				F	'ebrua			998 8:20 Pt		
Examin		4a. Facility Name (If not institution							own, or Loc	ation of Deal		inty of Dea	ath		
7		VA HBS FORT HOWARD DIVISION Ft.										Ba]	Ltimore		
Funeral Director		5. Social Security Number 723-14-6831	6. Se:	M 2□ F	7. Aga (In yrs. I	ast birthday) Yrs.	If Under 1 Yaa Months Days		Min.	8. Date of BI (Month, Do NOV. 1	rth a <i>y, Year)</i> .7, 192		rthplace (Stata or Foreign Jountry)		
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0r 28	Sire	10e. Street and Number					10f. Zip Code				10g. Citizan	of What Country?			
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permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If term 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Evantment must be notified a once.	by Funeral Director	11. Marital Status 1 Never Married 2 Ma 3 Widowed 4 Divorca	mied	Armed Fo			Was Decedent of If Yas, specify Cu 1 ☐ Yas 2☐XNo			oify Yes or No licen, atc.)		Black, Whi			
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Men	2	Joseph Reaga						Ang	gela [Dugan					
and and and and and and and and and and		19a. Informant's Name/Ralation	ship (Ty	pe, Print)		19b. Meilir	ng Address (Stree	and Numb	er or Rural	Routa Numb	ber, City or To	vn, Stata,	Zip Code)		
and n 27 ner to		Jacqueline Re	agai	n - wi:	fe	6511	Irwin Wa	y, El	cridge	e, Md.	21075				
of H		20a. Method of Disposition 1 🛱 Burial 2 □ Cramation	3 □ □	emovel from	State 20b. Pl	lace of Dispo	sition (Nama of natory or other of	aca)	À.	Data	20c. Locatio	n - City or	r Town, State		
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dete dete										10	Yee 2□ N	In of What Country? SA Race - American Indian, Black, Whita, atc. pecify: White If of Businass/Industry Int Food umema) Town, Stata, Zip Code) 75 Intion - City or Town, State Derland, Md. Meadowridge MP, Inc. Approximate Intarval Batween Onset and Death 20 Months I month I month 1 month 1 yas 2 No Other (Specify) Docurred Number or Rural Route Number, Ind mannar as steted. Isigned (Month, Day, Year) 8 1998			
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er th	ë	27. Manner of Death 1 ☐Natural 5 ☐ Pandi		28a. Date of	of Injury h, Day Year)	28b. Time of Injury	28c. Inje	ury at	2	3d. Dascribe	how injury oc	curred			
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(8)		30. Name and eddress of person Augustin Chy	who co	D 9	600 No	rth P	oint Ro	d. Fo	rt H	oward	I, MD	2105	52		
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Certificate of Death 1. Dacadant's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death **Physician** Month Vaar 150pm Gearld Richardson Frbruary 19 /Medical 1998 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Sinai Hospital Baltimore If Under 1 Year If Under 24 Hrs.
Months Deys Hours Min.

8. Data of Birth (Month, Day, Ye)
Dec. 29, 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) **Funeral** Year 1 XX 2 F 242-50-5750 60 Yrs. Director 1937 NC Usual Rasidance of Decedant the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits r 28a-f show Director XXYas 2 No n/a Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? th and Mental Hygiene. 7 is marked other than "natural", or frems 23a or trammatic event, the Medical Examiner must be 1 with 4500 Garden Dr. 21215 USA Funeral 12. Was Dacedant Evar In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after 1 Yas 2000 If Yas, Giva Yaar or Dates: Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas XXNo Specify: þ Specify: **Black** 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grade complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Waiter 11th Restaurant 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Pages 1 and 2 should be filt mant of Health and Mental Hyant: If frem 27 is marked oth lury or other traumatic event Be Talley richardson Annie White 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Coda) Iola Alston/cousin 4500 Garden Dr. Balto., MD 20b. Place of Disposition (Name of camatary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Cremetion 3 Ramoval from State permit. Page Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) Mt. Zion Cemetery 2/23 Baltimore, MD 21. Signature of Funeral Service Licenses James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., Md 21217 Vitor mes 23a. Part / Enter the disease, or complications that caused the deeth. Do not antar the mode of dying, such as cardiac or respiratory arrest, should be heart failure. List only one ceuse on each line. Approximata Intervel Batween Onsat and Death **Physician** /Medical immediata Causa (Final disease or condition rasulting in deeth) End 5+49e Congestive Heart Fuilure **Examiner** Due to (or as a consaguanca of): PREUMONIA Aspiration Sequentially list conditions, if eny, leading to immediate causa. Enter Underlying Causa (Disease or injury that initiated events resulting in deeth) Last Dua to (or as e consequence of): Box 68760) Physician/Medicai Dua to (or as a consequence of) The law requires that the death P.O. Part II. Other algnificent conditions contributing to death but not resulting in the underlying causa given in Part I. 8 23b. Did tobacco use contribute to the cause of death? B 1 Yes 2 No 3 Probably 4 Unknown bengs t be det Records, þ Be Completed 24a. Wes an autopsy performed? 24b. Wara autopsy findings avellebla prior to completion of cause of death? this certificate has page 2 1 ☐ Yas 2 ☐ No Division of Vital 25. Was casa rafarred to medical 26. Place of Deeth (Check only ona) Hospital: 1 ■ Impatiant 2 □ ER/Outpatient 3 □ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 2 28a. Data of injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? Certification: 28d. Dascribe how injury occurred After Attending 5 Pending Invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident d or Atland after death Director: 3 Sulcide 6 Could not be 28a. Place of Injury - At homa, farm, streat, factory, offica building, etc. (Spacify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) AGU 4 Homicida To the Hospital within 24 hours a To the Funeral D 1 Cartifying Physician: To the best of my knowladge, daath occurred et tha tima, data and placa, and dua to tha causa(s) and mennar as stated. Medicai 29a. Cartifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. 29b. Signetura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Yaar) AS2402321-5R9494 February 19, 1998 tocemouto 30. Name end addrass of person who completed causa of death (Itam 23a) (Type, Print) Sinai Hospital 2501 West Belvedere Bultimore, Maryland J Rosemore 32. Registrar's Signature 31. Dete filed (Month, Day, Year) State Registrar FEB 2 0 1998

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** CHARLES E. ROBERTS, SR. 98 16 12:40pm /Medical 4b. City. Town, or Location of Death 4e. Facility Name (If not institution, give street and number) 4c. County of Death Examiner BALTIMORE

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) HOSPICE OF BALTIMORE 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**⋈** M 2□ F Yrs. 2/22/19 Director 78 219-01-0941 TEXAS Usuel Residence of Decedent the Maryland 10e State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23e or 28e-f show traumatic event, the Medical Examiner mant be notified at 1 ☐ Yes XX No Director MD RANDALLSTOWN BALT IMORE 10e. Streef and Number 10f. Zip Code 10g. Citizen of What Country? 3530 RESOURCE DRIVE Funeral 21133 U.S. 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ② No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, Whife, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 Specify: BLACK 1 ☐ Yes 2 ☐ No Specify: g 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) -0-SALESMAN BREWING COMPANY 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Pages 1 end 2 should be fill ment of Health and Mental Hiant: If Itam 27 is marked oth AUGUSTUS ROBERTS ROSIE MATHIS 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 3530 RESOURCE DR.-RANDALLSTOWN, MD 21133 ALLENE ROBERTS (WIFE) 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State XXBurial 2 Cremation 3 Remove from State 6 4 ☐ Donation 5 ☐ Other (Specify) WOODLAWN CEMETERY 2/20/98 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility ELIZABETH L. PHILLIPS

Physician /Medical Examiner

S

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last

Physician/M

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Completed

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Certification:

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signed by to d be detact

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To the Hospital or within 24 hours at To the Funeral Di

Immediate Cause (Final

disease or condition resulting In death)

Lung Concer Due to (or as a consequence of):

23e. Part1. Enfer the disease, or complications that caused the deeth. Do not enfer the mode of dying, such as cerdiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Due to (or as a consequence of).

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were eutopsy findings evailable prior to completion of ceuse of death?

21217

Approximate Interval Between Onset and Death

6 unth

2 2 No

1721-27 N. MONROE ST.-BALTO., MD

1 ☐ Yes 2 ☐ No

25. Was case referred to medical examiner? 1 Yes 2 No

27. Manner of Death

1 Naturai

2 Accident 3 Suicide

4 Homicide

28a. Date of Injury (Month, Day Year) 5 Pending Investigation

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28b. Time of

28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

¿ uno

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury af Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier (Check only one)

Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated.

26. Place of Death (Check only one)

29b. Signeture and the of Artifier

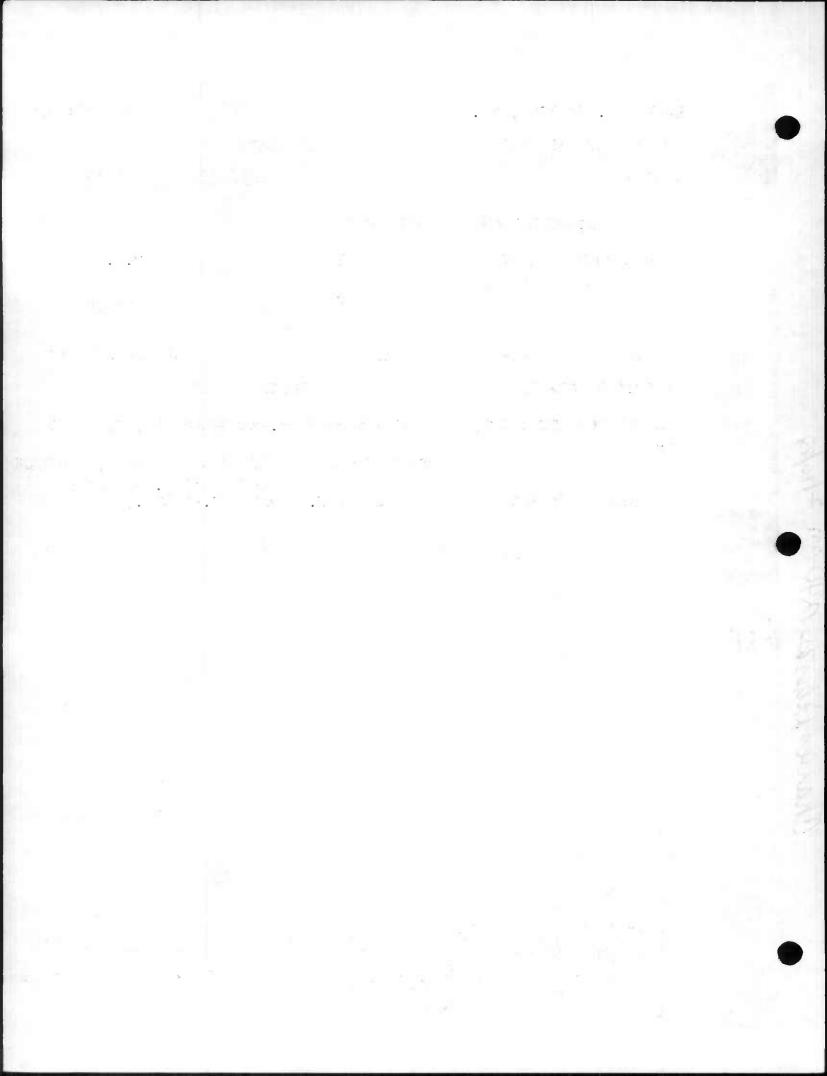
6 Could not be

29c. License number

29d. Date signed (Month, Day, Year)

N. Charles St. Bolto, MI 2120x

State Registrar



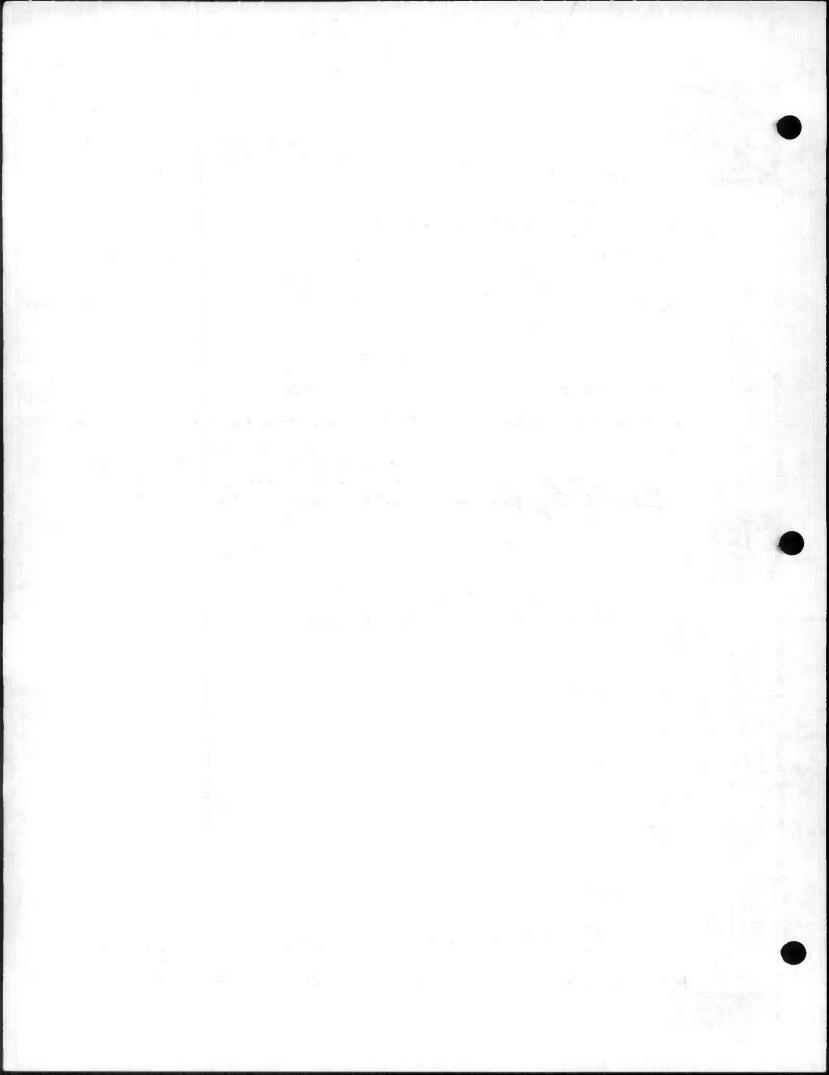
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene () G-756 2/27/98 Certificate of Death Items: 5,7,8 per F.H. 1. Decedent's Neme (First, Middle, Last) 2. Dele of Deeth 3. Time of Deeth 13 Dey **Physician** Month 1998 Feb. 4:00 P.M. Richardson Bircy B. /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 12600 Whiteholm Drive Upper Marlboro Prince George's If Under 1 Year If Under 24 Hrs.
Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) 1923 9. Birthplace (Stete or Foreign Country) **Funeral** -14-4190 XM 2 F Hours 74 73 Yrs. Director Sept. 28, 1924 Mississippi Usuel Residence of Decedent the Marylend 10a Slate 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Modical Examinat must be notified at 1 Yes 2000 Director Maryland Prince George's Upper Marlboro 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 12600 Whiteholm Drive 20774 United States death Funerai 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 11. Maritel Stalus permit. Peges 1 and 2 should be filed within 72 hours effer a Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or iter any injury or other traumatic event 1 Never Merried 2 Married 1 ☐ Yes ★★ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes X No Specify: P Q 3 Widowed 4 □ Divorced Specify: AFRICAN-AMER Completed 15. Decedent's Education (Specify only highest grade comp 18a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry completed) Etementery/Secondery (0-12) College (1-4or 5+) Foreman Construction 17. Felher's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) 8 David Richardson Mary Donald 2 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joyce Matthews Daughter 1201 Castlewood Drive Upper Marlboro Maryland 20774 20b. Placa of Disposition (Name of cametery, cremetory or other place) Feb. 21, Dete 20e. Method of Disposition 20c. Location - City or Town, Stete ¥⊠ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery Clinton Maryland 21. Signature of Funerel Service Licer 22. Name and Address of Fecility Robert E. Evans Funeral Home. Inc. 16000 Annapolis Rd. Bowie Md. 20715 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximete Interval Betw Onset end Deeth **Physician** /Medicai Immediete Ceuse (Finel Myo card diseese or condition resulting in deeth) Examiner Due to (or es seguence of): Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury thel initieted events resulting in dealth) Lest physician Box 68760 Physician/Medical O Due to (or es e consequence of) 中山 Se 9SI ö Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.0. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, à 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed peen hes pege 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 124 hours after death.
 Funeral Director: After this certifical letely filled in by the funeral director, i 25. Wes case referred to medical Be 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 10 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28a. Dete of Injury (Month, Dev Year) Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 🗜 Certifying Phyalcian: To the best of my knowledge, deeth occurred et line time, dete end plece, end due to the ceuse(s) end menner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. To the within 2. 29b. Signeture end title of certifier 29d. Dete signed (Month, Dey, Yeer) 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) Bronway \$202 Interference, MD. 20721 MAKO 10224 CAKE

132/ Registrar's Gignature and see

DHMH 16 Rev 6/95

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item#19b perFH G756 2/24/98 EW Item: 12 Per FH Film G-756 2-20-98RC Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Deeth **Physician** RHETTA Month ELLSWORTH 2:00 pm February /Medical 4a. Facility Nama (If not institution, give street and number) 4c County of Death 4b. City, Town, or Location of Death **Examiner** Baltimore
If Undar 24 Hrs.
Hours Min.
8. Data of Birth
(Month, Day, Year)
4-29-1921 Hospital Sinai 5. Sociel Security Number If Under 1 Year 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 F Days 433-40-6/23 Usuel Rasidance of Decedant Yrs. Director 10a Stata 10b. County Md 10c. City, Town or Location 10d. Inside City Limits NA Baltimore 12 Yes 2 □ No Director 288-1 10e. Street end Numbar 10f. Zip Coda 10g. Citizan of Whet Country? ö 3230 Carlisle 2/2/6 thems 23a .S.A 12. Was Decedant Evar in U,S. Armed Forcas? 1 ⊠ Yas 2 ⊠ No If Yes, Giva Yaar or Datas: 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) Race - Amaricen Indian, Black, White, etc. filed within 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yes 2 No Specify: Specify: Black þ 3 Widowad 4 Divorced Completed 15. Decedent's Education (Specify only highest grada complated) the Medical 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Morgan State Elementary/Secondary (0-12) nd Mental Hygiene. marked other than Collaga (1-4or 5+) Financial Aid Officer 4 years 17. Father's Nama (First, Middla, Last) 18 Mothar's Nama (First, Middla, Maidan Sumama) Be permit. Pages 1 and 2 should be I Department of Health and Mental I Important: If Item 27 is marked of any Injury or other traumatic eve astine T. Whaley 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) EJEGERTON Baltond Koad ranker - Sister 2/2/5 20b. Place of Disposition (Nama of cematary, cremetory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stete Colmotory

Name and Addrass of Facility

Now Hold House 1 Burial 2 Cramation 3 Ramoval from State 2-20-98 5 Othar (Spacify) 4 Donation ture o Funeral Sarvice Licen in 1. Entar the states, or complications that caused the death Donot antar the mode of dying, such es cardiac or respiratory arrest, ock, or heart feiture. List only only cause on each line. Approximata Intarval Batw **Physician** /Medical Immediata Causa (Final adeno Carcinoma disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Physician/Medical Examiner Sequentielly list conditions, if any, laading to immadiata ceusa. Entar Undarlying Ceuse (Disaasa or Injury that initiatad avants resulting in daath) Lest Due to (or as a consequance of): P.O. Box 68760 the t Due to (or as a consequence of) Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? s been signed by t should be detect 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Ware eutopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 1 Yas 2 No 1 ☐ Yas 2 ☑ No After this certificate Division of Vital Hospital or Attending Physician: director. Be 25. Wes cesa raferred to medicel axeminer? 26. Placa of Daath (Check only ona) Other: 4 Nursing Home 5 Residance 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA in by the funeral 27. Menner of Deeth 28a. Dete of Injury (Month, Day Yaar) 28b. Tima of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Panding Invastigation 1 Naturel To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: A completely filled in by the f death. 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 T Homicida 12 Certifying Physiclen: To the bast of my knowledge, deeth occurred at the time, data and plece, and due to the ceusa(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data end place, and due to the ceusa(s) end mannar stated. Medicai 29a. Certifiar

State Registrar

30. Name and addrass of person, who con 31. Data filad (Month, Day, Yaar) FEB 2 0 1998

29b. Signatura and titla of certifiar

(Check only one)

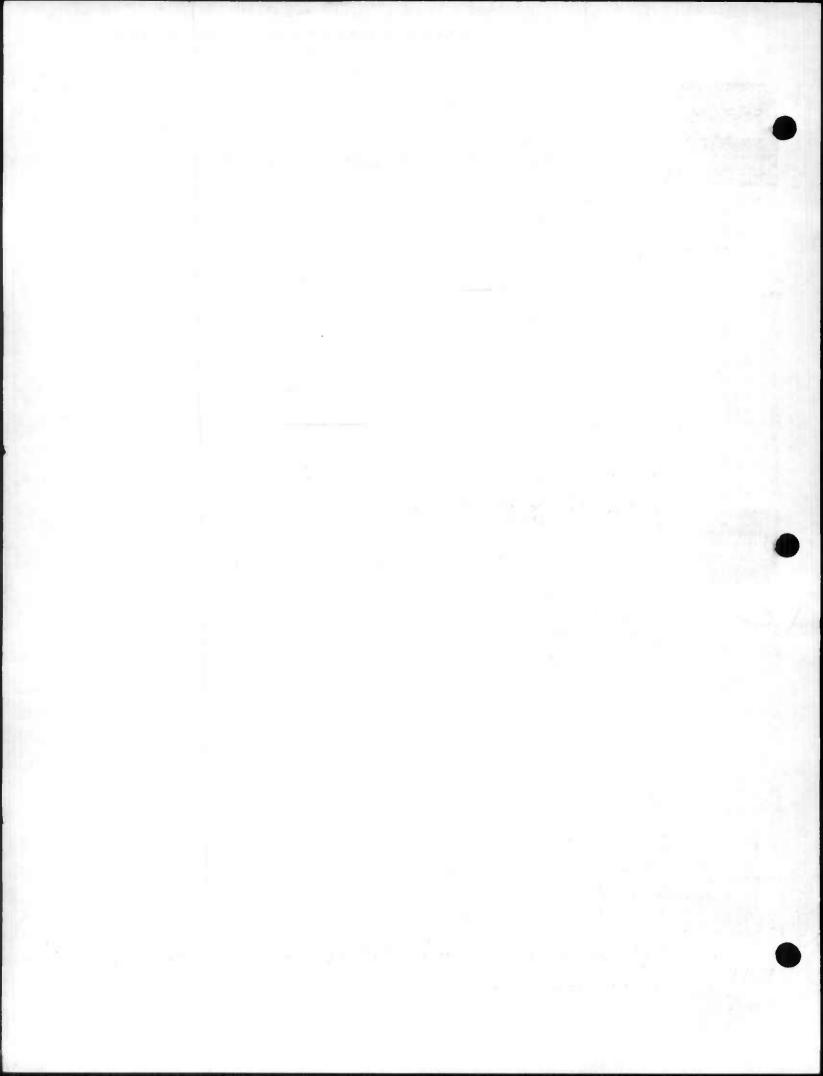
Julia Buildon-Random

platad ceuse of deeth (Itam 23e) (Typa, Print)

29c. Licansa number

AS2462321CL9010

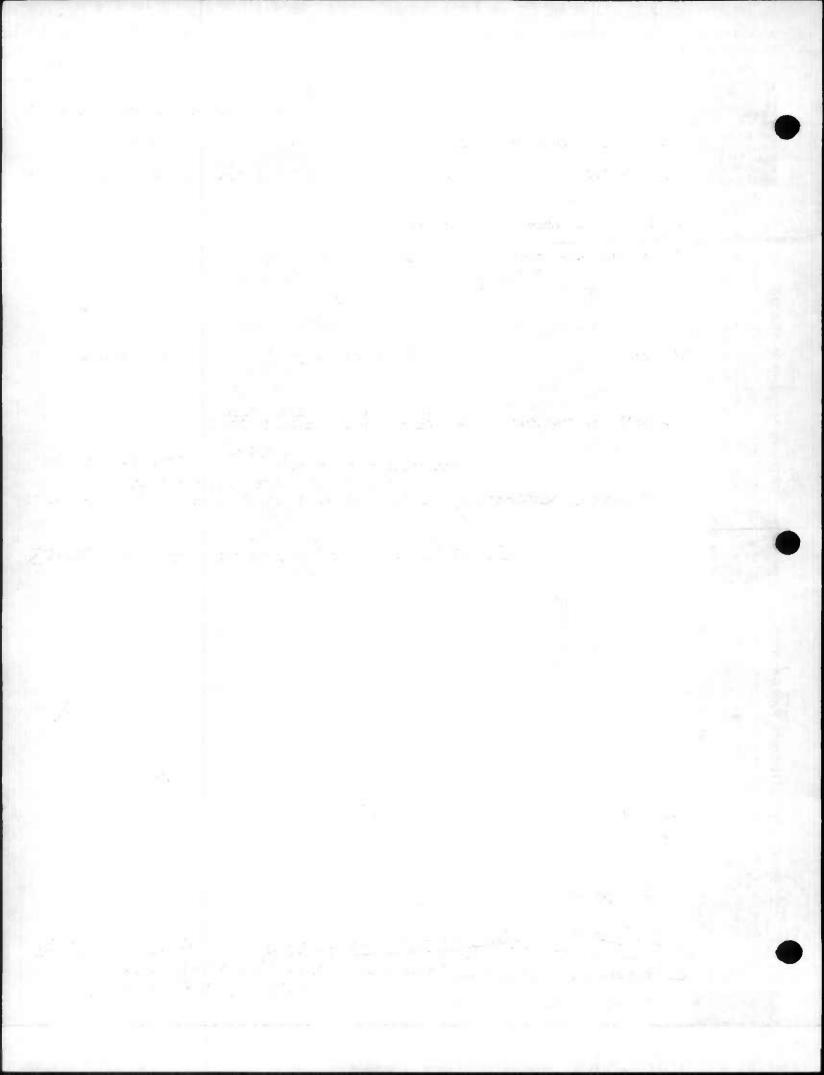
29d. Date signed (Month, Day, Yaer)



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State of Maryland / Department of Health and Mental Hygiene Q 2

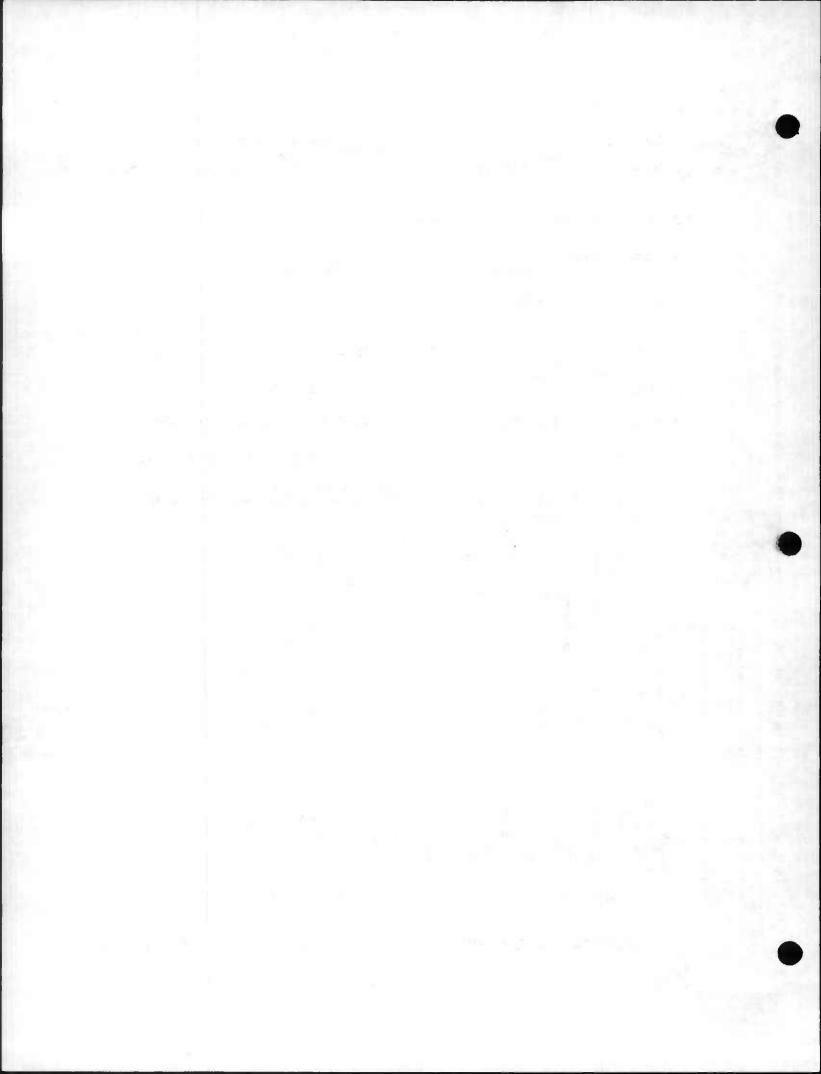
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octo		10e. Stete 10b. County		10c. Cit	y, Town or Lo	cation					10	Od. Inside City	
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Die Die		10a. Street end Number	-			10f. Zip Code			1	0g. Citizen of			
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merked imetic e		Abba Silverman Ethel							-				
Traumar Traumar		Zena Rollins, Daughter In Law 19b Mailing Address (Street end Number or 18503 Sparrows Point Germantown, Maryland								, City or Town,	State, Zip	Code)	
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State of Maryland / Department of Health and Mental Hygiene 9 5 1 2 4

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	Physic		Decedent's Neme (First, Middle Jane B. Rathbu								2. Date of De February	eth		Year	3. Tin 5:55	me of Death	
	/Medi Exami		4a. Fecility Neme (If not institution Stella Maris	, give street end nu	mber)				46. City, Tow Baltimor		ocation of Deet	1 4		of Deeth			
	Funeral Director		5. Sociel Security Number 212–40–6912 Usual Residence of Decedent	6. Sex 1 □ M 2 □ F	7. Age (In	yrs. lest birthda Yrs.	y) If Under 1 Months	Year		4 Hrs. Min.	8. Date of Bir (Month, De August 1	th 17, Yes 5, 1	915	9. Birthp Cour Perry	nlece (Str ntry) Nev	rete or Foreign V York	
	Maryland a-f show	tor	10a. State 10b. County Maryland Baltimo	re		c. City, Town or Towson	Location							1		de City Limits Yes 2 No	
	th with the 23a or 28	Funeral Director	10e. Street and Number 410 Delaware Avenue 11. Maritai Status 12. Was Decedent Ever in U				10f. Zip 0 21286					10g. 0		Whet Cour	/het Country?		
Maryland 21215-0020	should be filed within 72 hours effer death with the Maryland of Mental Hygiene, marked other than "natural", or items 23s or 28s-f show irretic event, its Medical Examination and inciting a	by	11. Maritai Status 1 Never Married 2 Marri 3 Widowed 4 Divorcad	Armed F	orces? 2 XNo ive	in U,S. 13	8. Was Decede If Yes, specif	y Cub	an, Mexican,	n? (Sp Puerto	pecify Yes or No Rican, etc.)	-	Ble	ce - Americ ck, White,	etc.	n,	
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	end 2 eelth n 27 I		Joseph P. Rieger	(Attorney)					nue Tow	son	, Marylan	d 21	286	Town, State, Zip Code) 36 cation - City or Town, State unone, Maryland			
Baltimore,	C I i i		20e. Method of Disposition 1 ☐ Buriel 2 ★★ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp.		State	ob. Place of Dis cemetery, co etro Cren	emetory or oth	er ple		ary	Dete 20, 1998						
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1	T 500	Σ	29b. Signature and title of contiller	2	9		29c.	Licen	se number	2	Dru	29d. C	ate signe	d (Month,	Day, Yea	ar)	
,			30. Neme and eddress of person y	ho completed caus		(Item 23e) (Type 76	e, Print)	5	Len	,	DNI	ve	5	BA	A,	Mea	
	Sta Registr	_	31. Dete filed (Month, Dey, Year) FEB 2 0 199	8 filly	David	ignatur Ganda	02								Zi	204	



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item: 5 per F.H. G-756 State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Item: 1 per MD G-756 2/20/98 dh 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month Vivian Neil Stee Vivian Allen Stee FEB 18 1998 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Cherrywood Healthcare & Rehab. Center Reisterstown Baltimore If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Data of Birth (Month, Day, Year)
JUNE 12, 1920

9. Birthplaca (State or Foreign Country)
West Virginia 7. Age (In yrs. last birthday) **Funeral** 234-01-6856 1 M 2 XF Months Days Yrs. Director Usual Residence of Decedent 10a. State 10h County 10c. City, Town or Location 28a-f show 10d. Inside City Limits Baltimore the Medical Examiner must be notified Director Maryland Catonsville 1 Yes 2 No 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? 6 9 Delrey Avenue 21228 USA Harris 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filled within 72 hours efter nent of Health and Mental Hygiene. 1 Nevar Married 2 Married "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes 🎾 No Specify: by Specify: 3 Widowad 4 □ Divorced White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Specify only highast grade completed) (Give kind of work done during most of working life. DO NOT use retired) nd Mental Hygiene. marksd other than Elementary/Secondary (0-12) College (1-4or 5+) 10 Homemaker Domestic 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Stephen Ezekiel Allen Adda Pearl Robey 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2 s
Depertment of Health ar
Important: if item 27 is
any injury or other trau .00 Stephen Craig Stec/son Apaczai Csere 17 Budapest, Hungary 1052 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 Donation Mother (Specify) Entombment Loudon Park Mausoleum 2/21/98 Baltimore, MD 21. Signature of Funeral Service License Conclude Dawn F. McDonald 22. Name and Address of Facility
MacNabb Funeral Home, P.A. 301 Frederick Road Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** Dementin /Medical Immadiata Cause (Final diseasa or condition resulting in death) 415 Examiner Vuical- Disa-Physiclan/Medical Examiner (0,00 Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 6876D the The law requires that the death certificate Dua to (or as a consequence of): Box P.O. Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 Probably 4 ☐ Unknown Records. 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yes 2 No of Vital or Attanding Physician: director, Be 25. Was cese referred to medicel examinar? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 41 Nursing Home 5 Residence 6 Other (Specify) Certification: To this funeral 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred Division After 5 Pending Investigation 1 Yes 2 No 24 hours after death.

Funeral Director: A the 2 Accident 6 Could not be 3 Suicide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled In by 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and titla of certifier 29c. License number 29d. Data signed (Month, Day, Year) Nous I. Marl 30. Name and address of person who completed cayse of deeth (Item 23a) (Type, Print) em 23a) (Type, Print)
1/7 Bringer Control Or Rossfanton, Md 21176

DHMH 16 Bey 6/95

State Registrar 31. Date filed (Month, Day, Year) FEB 2 0 888 32. Registrar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death John Warfield Smith FEB 0115 AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death St. Agnes Hospital Baltimore Hours Min. 8. Data of Birth (Month, Day, Yaer) 5. Social Security Number If Undar 1 Year Birthplace (Stata or Foreign Country) 7. Aga (In yrs. last birthdey) 1₩ 2□ F Months Days Yrs. 217-32-9131 89 APR 9, 1908 Maryland Usual Rasidance of Dacedani 10b. County 10a Stete 10c. City. Town or Location 10d. Insida City Limits Howard Ellicott City 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4884 Wharff Lane 21043 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas ②☐ No If Yas, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, White, etc. 1 Nevar Marriad 2 Married 1 ☐ Yes 2 ☐ No Specity: White 3 ☐ Widowed 4 ☐ Divorced 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Upholsterer Upholstery 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maldan Surnama) Charles August Smith Isabella Wheeler 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Irmgard M. Smith/wife 4886 Wharff Lane Ellicott City, MD 21043 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Metro Crematory, Inc. 02/19/98 | Baltimore, MD 22. Nama and Addrass of Facility
Cremation Society of Maryland, Inc. 21. Signeture Frieral Sarvice Licensaa

Dawn F. M Donald 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Betwaan Onset end Death ACUTE MYOCARDIAL INFARCTION Immediata Cause (Finel 2 DAYS disaase or condition rasulting in death) Dua to (or as e consaguance of) Dua to (or as a consequence of): Due to (or es e consequance of): 23b. Dfd tobacco use contribute to the cause of death? 1 | Yes 2 No 3 | Probably 4 | Unknown 24b. Wara autopsy findings available prior to completion of cause of daath? 24a. Was an autopsy parformed? 1 Yas 2 No 1 Tyes 26. Placa of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1. Inpatient

Physician /Medical Examiner

Physician

Examiner

Director

Funeral

by

Completed

Funeral

Director

7 is marked other than "natural", or items 23e or 28e-f show traumatic event, the Moulcal Examinar must be notified at

permit. Peges 1 end 2 should be filed within: Depertment of Heelth and Mantel Hygiene. Important: If Item 27 ie markad other than "r any injury or other traumetic event, the Mad

the Marylend

72 hours after

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O.

/Medical

Examiner burial-transit Sequentially list conditions, if eny, laading to Immedieta causa. Enter Undarfying Causa (Diseesa or Injury that initieted events resulting in daath) Last physician Physician/Medical the

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Certification:

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page 2

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Director: After

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To the Hospital within 24 hours e

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Was case rafarred to medical axaminar? 1 Yas 2 No 27. Menne of Death

1 Natural 5 Panding Investigation 2 Accidant 3 ☐ Suicida 4 Homicida

FEB 2 0 1998

6 ☐ Could not be

2 ER/Outpatient 3 DOA 28a. Deta of Injury (Month, Day Year) 28b. Tima of Injury

28c. Injury at Work? 28a. Place of Injury - At homa, farm, street, factory, office building, etc. (Specify)

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

28d. Dascribe how Injury occurred

29a. Cartifian (Check only Leritying Physician: To the best of my knowledge, death occurred at the time, dete end place, and due to the causa(s) and manner as steted.

2 Medical Examinar: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated.

29b. Signatura and title of certifiar Kongsek Chantomsaey, M.D. 29c. Licansa number

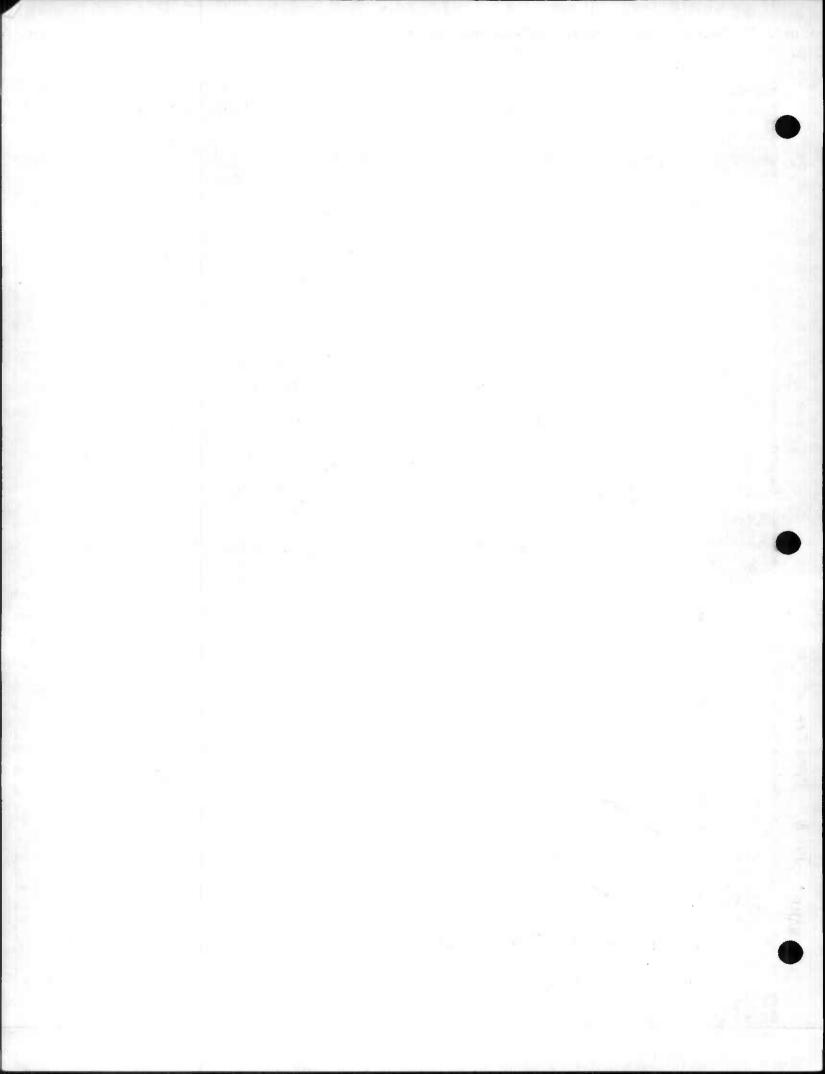
29d. Data signed (Month, Day, Year)

30. Nama and eddrass of person who completed cause of deeth (Item 23a) (Type, Print)

KONGSAK CHANTURNSAENG, M.D. ST. AGNES HUSPITAL 900 CATON AVE. BALTIMORE, MD 21229 31. Dete filed (Month, Dey, Yaar)

State Registrar

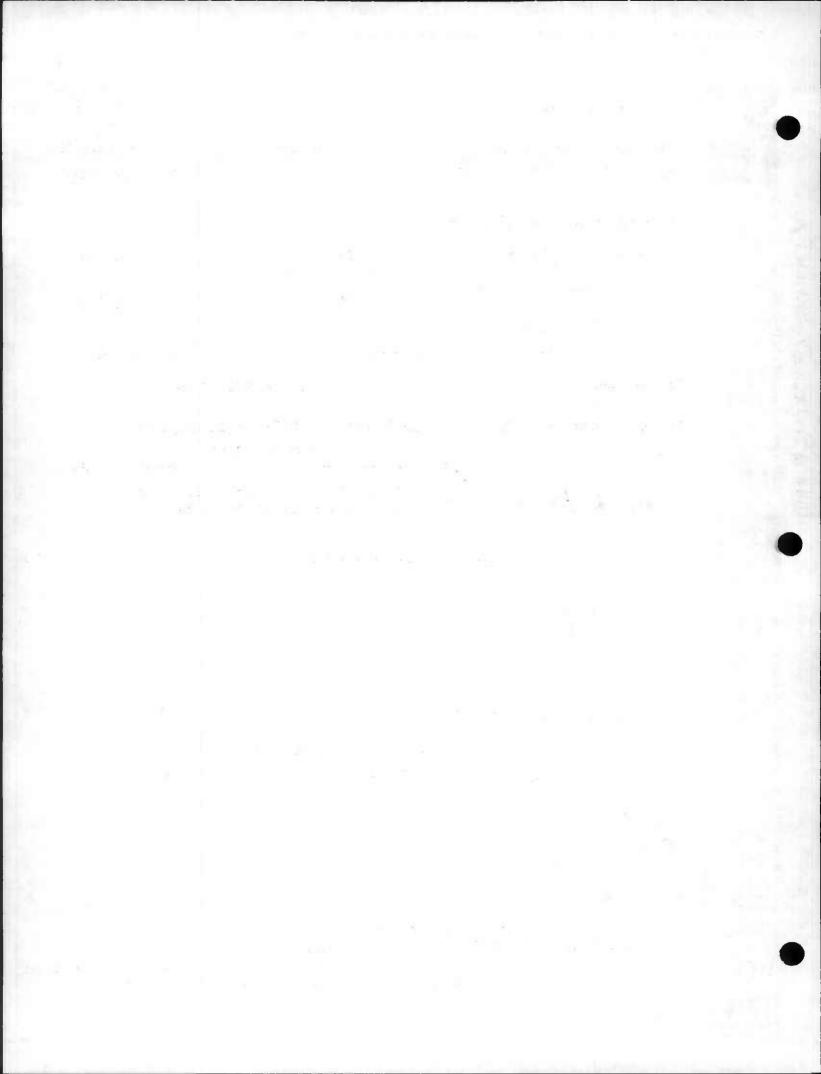
32. Begistrar's Signatura



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

		State of Maryland /	Certificate of		Reg. No.	05121
Physici /Medic		1. Decedent's Neme (First, Middle, Last) Charles W. Schultz		Mo	e of Deeth nth Dey CRUPRY 17	3. Time of Deeth
Examir Funeral Director		4e. Fecility Name (If not institution, give street end number) Doctors Community Hospital 5. Sociel Security Number 6. Sex 7. Age (In yrs. last b 119 03 8846 ★★ 2□ F 80 Usuel Residence of Decedent		Lanham If Under 24 Hrs. 8. Del Hours Min. 0Ct		nty of Deeth ace George's 9. Birthplece (State or Foreign County) New York
th the Maryland or 28a-f show a notified at	tor		wn or Location			10d. Inside City Limits XXX Yes 2 □ No
h with the 23s or 28s	al Director	10e. Street end Number 12419 Whitehall Drive	10f. Zip Code 20715			of Whet Country?
3-0020 72 hours after death with the Marylar natural; or items 23s or 28a-1 show dical Examiner must be notified at	by Funeral	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Detes:	13. Was Decedent of H if Yes, specify Cube 1 ☐ Yes 20XNo	ispanic Orlgin? (Specify Ye in, Mexicen, Puerto Ricen, o Specify:		ace - American Indien, leck, White, etc.
d ZIZIS-UUZU filed within 72 hours all Hyglens. ther than "natural", or int, the Medical Exami	Completed	(Specify only highest grede completed) Elementery/Secondary (0-12) _ College (1-4or 5+)	e. Decedent's Usual Occup (Give kind of work done life. DO NOT use retired Chemist	etion during most of working ()		Business/Industry
2 3 E 2 2	To Be Co	17. Fether's Neme (First, Middle, Last) Charles Schultz		18. Mother's Name (First, Mattie Bell	Middle, Meiden Sum	
permit. Pages 1 and 2 should plan the pages 1 and 2 should page 1 and 2 should important if item 77 is market any injury or other traumatic state.		Eileen C. Schultz Wife 20e. Method of Disposition 1 \B Burial 2 \Barrier Cremation 3 \Begin{array}{c} \text{Removel from State} \end{array} 20b. Pleca cement	Db. Mailing Address (Street 12419 Whiteha of Disposition (Name of ery, cremetory or other plea side Cemetery	11 Drive Bow Peb. 21, 19	ie Marylar 20c. Location	
Physician /Medicai Examiner	ner		22. Name end Addré Robert E. 16000 Anna o not enter the mode of dyir perfora f e consequence of):	Evans Funera polis Rd. Bo g, such es cardiac or respir	1 Home, Ir wie Md. 20 elory errest.	Approximate Interval Between Onset and Death
sath certificate projection attending physiqian and for use as the blytal-trans	lan/Medical Examiner	if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury c	e consequenca of):			
by the day	Physician/M	Pert II. Other significant conditions contributing to death but not resulting a final fibrilla Hon	in the underlying cause giv	en in Pert i. 23	b. Did tobacco use o	contribute to the cause of death? 3 Probably 4 Unknown
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Physician: The	Be	25. Wes case referred to medical exeminer?	Oth	28. Place of Deeth (Chec	k only one)	70
Useful Classification of death.	Certification: To	1 ag inpatient 2 EH/C		y at c? Yes 2 \(\text{No}\) No	scribe how injury occ	
To the Hospital or a within 24 hours after To the Funeral Direction	dicai	29a. Certifier (Check only one) 1 Certifying Phyelcian: To the best of my knowledg 2 Medical Examiner: On the basis of examinetion e end menner stated. 29b. Signeture end title of cartifier After along Physical Physi	nd/or investigation, in my o	olnion, deeth occurred et th	e time, dete end pleci	a, end due to the ceuse(s)
40		29b. Signeture end title of cartifier AH en donig Phys Dunid a. Boetelin, m. 30. Name end eddress of person who completed cause of deeth (Item 23a) David A. Boetels er, m. D.	0, D/ (Type, Print)	6063	Box C Lane	-17-98 wie, mo zo715 #118
Sta Registra	te	31. Date filed (Month, Dey, Year) FEB 2 0 1998 September 1998 PEB 2 0 1998	ndelle	, , ,		

CHARLES WESLEY SCHUUTZ

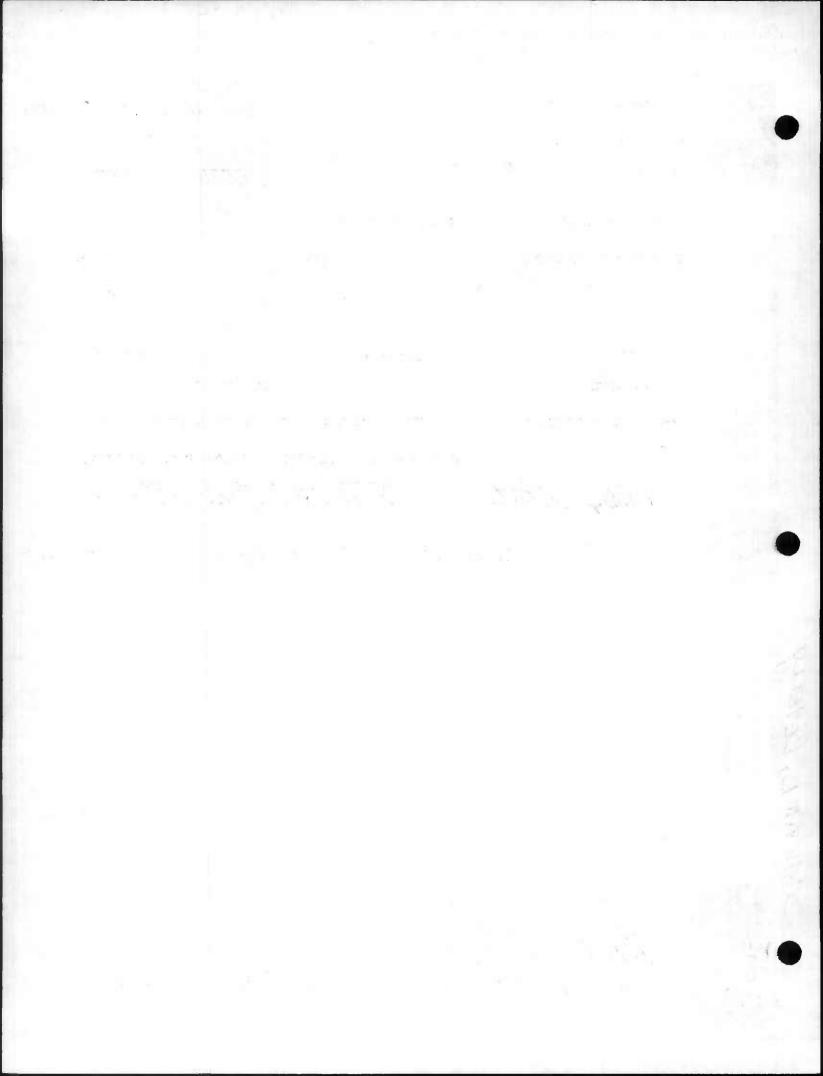


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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month BEVERLY CATHERINE SCHWAMB Florucia-4b. City, Town, or Location of Death :27A# /Medical 4e. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** GILCHRIST HOSPICE TOWSON BALTIMORE If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1□M 20XF 71 Yrs. Director 220-18-9301 01/27/1927 MARYLAND Usual Residence of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "natural", or items 23a or 28a-f ahov traumatic event, the Medical Examiner traint be notified at 1 Yes 2 No Director HOWARD ELLICOTT CITY MD 10e. Street and Number 10f. Zin Code 10g. Citizen of What Country? 2914 MONTCLAIR DRIVE 21043 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. should be filed within 72 hours after nd Mental Hygiene.
merked other than "natural", or ite 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 Specify: WHITE If Yes, Give Year or Dates: 1 ☐ Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collage (1-4or 5+) 12 HOMEMAKER OWN HOME permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: if item 27 is marked other any lojury or other traumatic event any lojury or other traumatic event app. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) JULIAN FORREST MYRTLE GABRIEL 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City of Town, Stata, Zip Code) JOHN SCHWAMB/HUSBAND 2914 MONTCLAIR DRIVE ELLICOTT CITY, MD 21043 20b. Place of Disposition (Name of cemetery, crematory or other plece) 20a. Method ot Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removal from State GOOD SHEPHERD CEMETERY 2/21/98 ELLICOTT CITY, MD 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
STERLING ASHTON FUNERAL HOME, INC. Funeral Service Licenses 736 EDMONDSON AVE. CATONSVILLE, MD 21228 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart tailure. List only one cause on each lina. Onset and Death **Physician** metastatic Breast Concer /Medical Immediete Ceuse (Final disease or condition resulting in death) Examiner ettending physician end for use es the burial-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leading to immediate ceusa. Enter Underlying Causa (Disaase or Injury that initiated evants resulting in death) Last Due to (or as a consequence ot) Physician/Medical Due to (or as a consequenca ot): Part II. Other significant conditions contributing to death but not resulting in the undarlying ceusa givan in Part I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 ☐ Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of daath? page 2 should Completed 24a. Was an autopsy performed? peeu has 1 Yes 2 No certificate Attanding Physician: director, Be 25. Was cese ratarred to medical examiner? 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Mannar of Death 28d. Describe how Injury occurred 28a. Data of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No death. Director: A 3 Suicida 6 Could not be 28e. Place of Injury - At home, tarm, straat, tactory, office building, etc. (Specify) 28t. Location (Streat and Number or Rural Route Number, City or Town, State) To the Hospital or Att within 24 hours after of To the Funeral Direct 4 Homicida 29a. Cartifier TC certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to the causa(s) and mannar as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and manner stated. edical completely (Check only onel 29b. Signeture and title of cartifier. 29c. License number 29d. Date signed (Month, Dey, Year) ino 30. Name and address of person whe completed on death (Item 23a) (Type, Print) N. Charles St, Balto, Ind 21205 31. Date tilad (Month, Day Year) State 2 0 1998 Registrar **DHMH 16 Bey 6/95**



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death

1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death BSima **Physician** Month GIESCIA February 16 1998 /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Hospital 01 Baltimore If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday)

53 Yrs. 9. Birthplaca (Stata or Foraign **Funeral** 1□M 20 F September 23 A44 Mary land Director 219-42-0400 Usuai Rasidence of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits show 7 le marked other than "natural", or items 23a or 28a-f shov traumatic event, the Medical Examiner must be notified at 1 Yas 2 1000 Director Maryland Baltimore Cockeysville 10e. Street and Number 10f. Zlp Coda 10g. Citizen of What Country? 21030 19 Flanders Ridge Court U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: þ Specify: White 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry permit. Pages 1 and 2 should be filed within 73 Department of Haaith and Mental Hygiena. Important: if item 27 is marked other than "na eny injury or other traumatic event, the Mexi-place. Elemantary/Secondary (0-12) Collega (1-4or 5+) Towson University 12 yr' Executive Secretary 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Selma. Bussang Ado1ph 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code, 19 Flanders Ridge Court Cockeysville, MD 21030 Daughter Mrs. Michele Sima-Massey 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 【Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify) Hilltop Service Corp. 2/18/98 Towson, MD 21. Signature of Funarai Sarvice Licenses 22. Nama and Addrass of Facility Baltimore, Maryland 21214 5305 Harford Rd. Janbook Leonard J. Ruck, Inc. 23a. Part1. Entar tha disaasa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of each line. Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner melanoma metastatic physician and the burial-transit The law requires that the death certificate be axecuted Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disease or Injury that initiated events resulting in death) Last P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Records, ò 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy periormad? 2 No certificate of Vital the Hospital or Attending Physician: ' hin 24 hours aftar daath.

the Funeral Director: Aftar this certifica npletaly filled in by the funaral director, p Be 25. Was casa rafarred to medical 26. Placa of Death (Check only ona) 1 Yas 2 No Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA ۴ 27. Mannar of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Division 5 Panding Invastigation 1 Natural 1 Yas 2 No 2 Accidant 3 ☐ Suiclda 6 Could not be 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 \(\text{Homicida} \) To the Hospital of within 24 hours a To the Funeral C completely filled Medical Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and placa, and dua to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. 29a. Cartifiar 29c. Licansa number 29b. Signatura and titla of certifie 29d. Data signed (Month, Day, Year) ASZA02321 TH9527 February 16, 1998

18

31. Data filed (Month, Day, Yaar) State FEB Registrar

30. Nama and addrass of person who complated causa

2 0

Smai Hospital of Baltimore 92 Registrar's Signature

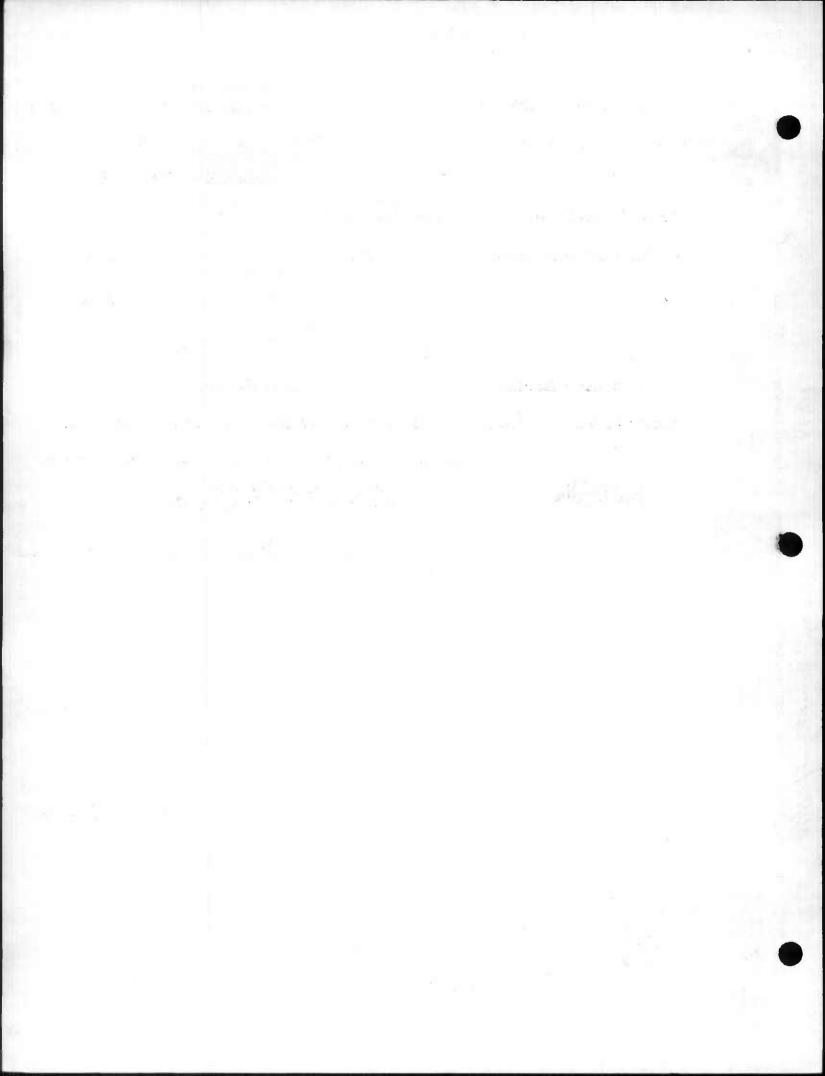
ath (Item 23a) (Type, Print) Theresa Lynn Hartsell, MD, PhD

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State of Maryland / Department of Health and Mental Hygiene 9 9 0 5 | 3 0

						Certific	cate of	Death	F	Reg. No.	0 0	3130
	Dhorde		1. Decedent's Neme (First, Middle, La						2. Date of Dee Month		Voes	3. Time of Death
	Physic /Medi		Naomi Rudolpl	n Smith					Februar	y 17	1998	10:18 AM
	Exami		4a. Facility Neme (If not institution, given	re street end number)				4b. City, Town, or Lo	ocation of Death	4c. Count	y of Deeth	
		Ш	Gilchrist Hospic					Towson		Balt	imore	
	Funeral Director		212 07 7312	Sex I□M 2 X F	e (In yrs. le:		Inder 1 Yea hths Days		8. Date of Birtl (Month, Dey May 19	, Year) 1913		ace (Stete or Foreign try) Land
	and *		Usual Residence of Decedent 10a. State 10b. County		10c City	Town or Location	3				10	Od. Inside City Limits
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	ath with t	ral Dir	300 Internationa				f. Zip Code 21230			United		1
/,' <i>O </i> Maryland 21215-0020	d 2 should be filed within 72 hours after death with the Manyland of a should be filed within 72 hours after death with the Manyland th and Menial Hyglene. 7 Is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Experience mail to notified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decadent Armed Forces? 1 Yes 2 X I If Yes, Give Year or Dates:	Ever in U,S. No		Decedent of specify Cul es 2X No	Hispanic Origin? (Sp ben, Mexican, Puerto Specify:	ecify Yes or No- Ricen, etc.)	14. Ra Bla Specil	ca - America ick, White, e	
rç.	72 h natu	etec	15. Decedent's E	ducetion ede com <i>pleted)</i>		16a. Decedent's (Give kind	Usual Occu	upation e during most of work ed)	ing	16b. Kind of B	usiness/ind	ustry
2	within	Completed	Elementary/Secondary (0-12)	College (1-4or 5	i+)	Homemak		ed)		Own Ho	omo.	
7	peli i	ပိ	17. Father's Name (First, Middle, Last)		Homenan	EL.	18. Mother's Name	a (First Middle			
	d be antal	To Be	Carroll Dushane I					Anna Mar				
0 3	shoul nd Me meri	F	19a. Informant's Name/Reletionship (-		19h Mailing Ad	dress (Stree	et end Number or Run			State Zin	Code)
	nd 2:		Gregory R. Smith	(Son)				reet #2-L		-		
00 0	f Hear		20a. Method of Disposition		20b. Pla	ce of Disposition	(Neme of		Dete	20c. Location		
8 Saltimore.	permit. Pages 1 and 2 Department of Health a Important: if item 27 is any injury or other tra		1 Burial 2 Cremation 3 4 Donation 5 Other (Specific	y)		enmount	Crema	tory 2	-19-98	Baltim	ore, l	Maryland
B	Departiment in portion		21. Signature of Funeral Service Licer	1500		Mit	chell	ress of Fecility -Wiedefeld k Road Bal		MD 213	212	
Maomi S	2 0 0	/Medical Examiner	23a. Part1. Enter the disease, or comshock, or heart failure. List only Immediate Ceuse (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	e. End.	Due to (or a		ostro	ective l				Interval Between Onset and Death Committee
3 8	etter etter for u	ciar	Deat II Other steel Misses and dist									
P.O.	es that the death cer igned by the ettendir be detached for use	/ Physician/	Pert II. Other significent conditions of	ontributing to death bi	ut not resulti	ing in the underly	ing cause g	iven in Pert t.		obacco use co ∕es 2□ No		the cause of death?
Records	2 s	Completed by							24a. Was a perfor		corr	re autopsy findings illeble prior to apletion of ceuse leeth?
. \ -	P age	Con							1□ Y	es 2 No	1 🗆	Yes 2□ No
// /ita	ysician: The s certificate director, pag	Be	25. Was cese referred to medicel examiner?					26. Place of Deat	n (Check only or	ne)		
100	\$ w 0	၉	1 ☐ Yes 2 ☑ No	Hospital: 1 ☐ Inpatie			J DOA	ther: 4 Nursing Ho	me 5 Resid	ence 6 Oth	ner (Specify,	Hospica
000	ling Afte fune	tion:	27. Manner of Death 1 Naturat 5 Pending 2 Accident Investigation	28a. Dete of Injur (Month, De)	Year) 2	8b. Time of Injury M	28c. Inju	ury at ork? □ Yes 2 □ No	28d. Describe h	ow Injury occur	rred	/
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	Hospita 24 hours Funeral stely filled	edicai C	29a. Certifier (Check only one) Certifying Ph	ysicien: To the best of	examinetion	edge, deeth occu n and/or investig	rred at the t	time, date and place, opinion, death occurr	and due to the c ed at the time, d	euse(s) and m lete end place,	anner as sta and due to	ated. the cause(s)
	within 2 To the	Mec	29b. Signature and title of certifier	and manner sta	neu.			nse number		29d. Dete signe		
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	6		W. A. Riley GA	Smill 6	eath (Item 2	(3e) (Type, Print)	iles.	5705 St. BA	to m	11 21	204	
271	Sta Registr		31. Date filed (Month, Dey, Year) FFR 2 0 190	32. Registra	ar's Signatur							



Examiner The law requires that the death certificate be executed P.O. Box 68760, Division of Vital Records, Attending Physician: Hospital

pue signed by this Affer death. within 24 hours efter deat To the Funeral Director: filled in by the

Funeral

Director

28a-f show

Herns 23a or

b

Hygiana.

permit. Pages 1 and 2 should be Department of Health and Menta Important: if item 27 is marked any injury or other traumatic ev

Physician

/Medical

8 Mental s marked of

Baltimore, Maryland 21215-0020

the Medical Examiner must be notified at

W

State Registrar Internal Medicine

29c. Licanse number

29d. Date signed (Month, Dey, Year)

Resident

40-9493

no complated cause of death (Itam 23a) (Type, Print)

AS 2402321 2401 West Belyldere Avenue

Baltimore, Maryland

tebruary

lgochi A. Oyoyo, 31. Date filed (Month, Dey, Year) FEB 2 0 1998

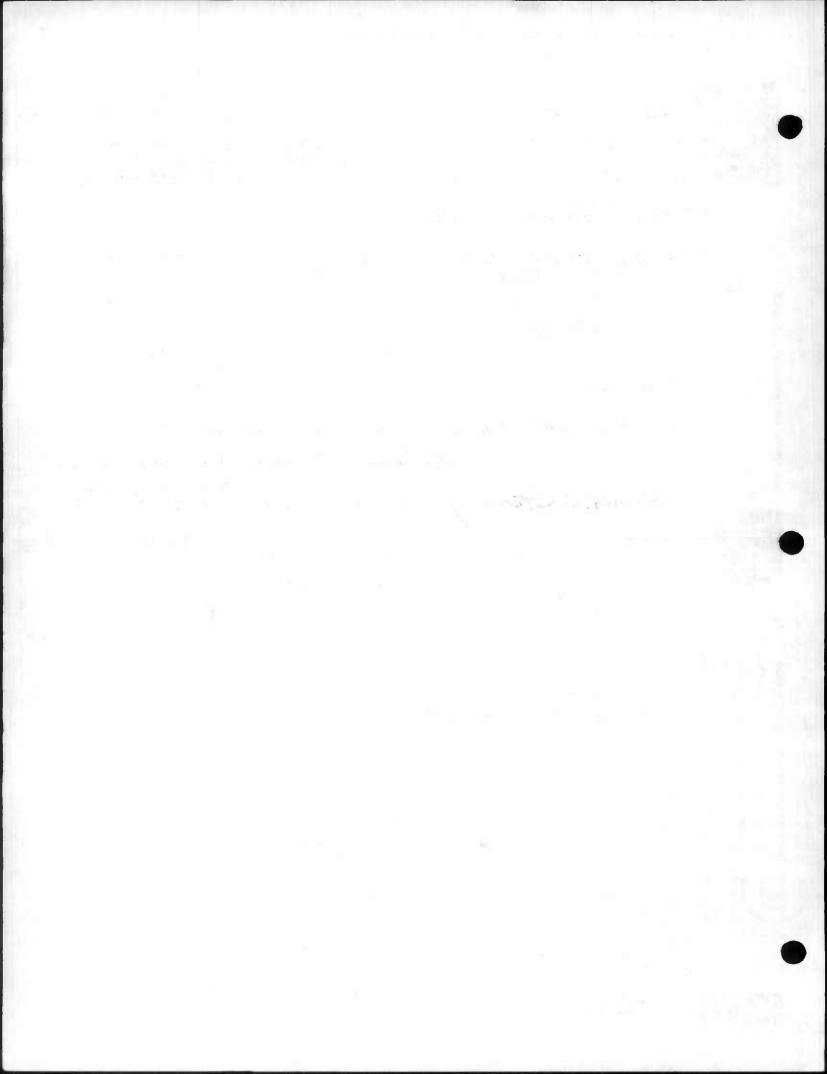
Sinai Hospital, MD-PhD 32. Registrar's Signature
Randelle

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Please Type or Print in Black indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Q Q

					Cer	tificate of	f Death		Reg. No.	0 00	132
Dhysisi	an	1. Dacedant's Neme (First, Middle, La	st)		5 1			2. Dete of De Month	eth Dey	Year 3.	Time of Death
Physici /Medic		DAVID SATTLE	R					Februar	-		4:10 P.M
Examin		4e. Fecility Name (If not institution, giv	a street and number)				4b. City, Town, o	r Location of Deet	4c. County		
		Holy Cross Hospi	tal			.,	Silver S		Mont	gomery	
Funeral		Social Security Number 6. S	Sax 7. Ag	e (In yrs. la	ast birthday)	If Under 1 Yaa Months Day	r If Under 24 Hr	s. 8. Deta of Bir	th		(Stata or Foreign
Director		5/8-18-1410	M ZUF	86	Yrs.				, 1911	German	
pu »		Usuel Residence of Decedent 10a. Stete 10b. County		400 City	, Town or Loc	-41					-
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Be-f	cto	3	ery	211	ver Sp	ring				'	X Yas 2 No
oth with the Merylen 23s or 28s-f show	Director	10e. Street and Number				10f. Zip Code			10g. Citizan of V	Vhat Country?	
23a	<u>a</u>	1401 Blair Mill R	oad, Apt.	1022		2091	0		U.S.A	•	
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urs of	þ	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	1 ☐ Yas 2 ☑ I If Yes, Give Year or Dates:	No		□Yas 2√2No			Specify		te
in 72 hours	Completed	15. Decedent's Ed	ducation		16e. Decede	ent's Usual Occ	upetion	a atula a	16b. Kind of Bu	siness/Industry	/
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	To	Isaac Sattler					Ida	(Unknow	m)		
ph.		19e. Informent's Name/Reletionship (Type, Print)		19b. Meiling	ng Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
E = 0 F		Cantor Jeffrey Na	del. Attor	nev	8701 (Georgia	Avenue.	#807 - Si	lver Spi	ring. M	D 20910
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g Ph		27. Manner of Deeth	28e. Dete of Inju	y Year)	28b. Time of Injury	28c. inj	ury et	28d. Describe	now injury occurr	ed	
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d in	4 Homicide building, etc. (Specify)							City or Tox	vn, State)		
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E BE	one) and manner steted. 29b. Signeture end title of certifier 29c. Licer										
To Will	-	Zoo. Organical end title of certiller.	PH			A . /	1 -1		29d. Date signed	(Month, Day,	1 901/
	Myron of denku Do					1000	14		11049	10	
		30. Name end eddress of person who		eeth (Item	23e) (Type, P	WAST HORE FIELD RD WHEATON MD. 20902					
		MYRON L. LE	ENCIN M	2		WH	EATON	MD.	20902		
		31. Dete filed (Month, Day, Year)	32 33 do l'etre	Ciallat	77 6	88					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item#3 per Phy G761 7/21/98 EW Amend: 13,19ab Per FH Film G759 5-6-98RC Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** RAYMOND T. SEARLES 10 1998 February 9:10 PM /Medical 4b. City, Town, or Location of Deeth 4a Fecility Neme (If not institution, give street end number) 4c. County of Death Examiner Southern Maryland Hospital Prince Georges If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) June 11, 1913 6. Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1월M 2□F Months Days Hours Connecticut 420-16-2620 84 Yrs. Director Usuel Residence of Decedent with the Marylend 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or flems 23s or 28a-f show trsumstic event, the Mobiles Examinor must be notified at 1 ☐ Yes 2 ☐ No Directo Maryland Prince Georges Camp Springs 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 20748 6711 GEneva Lane USA Funeral death 12. Was Decedent Ever In U,S. Armed Forces?
1 M Yes, 2 □ No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. 11. Marital Status Black, White, etc. filed within 72 hours efter of Hygiene. 1 Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 Specify: White 120 Yes R No Specify: P 3 N Widowed 4 □ Divorced Completed 16e. Decedent's Usual Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Personnel Specialist U.S. Government permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If item 27 is marked other ony Injury or other traumatic event. 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) James Searles Elizabeth Dowd 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) #1.801 2692 Enterprise Rd., East, Clearwater, Fl. 33759 Daughter Joan Kurylo 20a. Method of Disposition Placa of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 1 Deurial 2 Cremation 3 Removal from State Fairfax Memorial Park 2/16/98 Fairfax, Virginia 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Facility MONEY & KING VIENNA FUNERAL HOME, INC. 171 W. Maple Ave., Vienna, Va. 22180 tenter the mode of dying, such as cardiac or respiratory arrest, 23a. Pen1. Enter the disease, or complified in that caused the death. Do not enter shock, or heart feilure. List only one cause on each line. Onset end Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical CEREBROVASCULAR DISEASE Examiner Due to (or es e consequence of) Examiner CARDIAC ARRHYTHMIA requires that the death certificate be executed physicien and the buriel-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Last Due to (or es a consequenca of): Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) ettending properties 98 Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the signed by the 1 Yes 2 No 3 Probably 4 Unknown SEPSIS by 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No certificate Physician: unaral director, 25. Was case referred to medical examiner? Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 ER/Outpatient 3 DOA 1 Inpatient this of 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 1 Naturel 5 Pending Hision 1 Yes 2 No 2 Accident investigation 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide edical 12 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred et the time, date and placa, and due to the ceuse(s) end manner stated. 29a. Certifier (Check only one)

0

State Registrar 29b. Signature and title of cartifier 30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

Raj B. Samtani, M.D.

FEB 2 0 1998

31. Date filed (Month, Dey, Year)

32 Paris To Spring Mandalle

29c. License number

29d. Date signed (Month, Day, Year)

D27744

2/12/98

931 Piscataway Road, #280, Clinton, Maryland 20735

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State of Maryland / Department of Health and Mental Hygiene 9

	Decedent's Nama (Firs	t, Middla, Lasi	1)		Cer	tificate	OI .	Dealii		Reg. No. 2. Dete of Deeth 3. Time of Death				
Physician		Erma	M. St	arry					FEBRUAR		l8 1°	Yeer 998 2	:00 A	M
/Medical Examiner	4a Facility Nema (If not in	stitution, give	street and number	er)			1	4b. City, Town,	or Location of Dea		c. County			
·	Saint Jos	eph M	edical	Cente	r			Tows	on		B	altim	ore	
Funeral Director	5. Social Security Numbe 213-18-9804 Usuel Residence of Dece	10	7. M 2/XF	Aga (In yrs. las	st birthday) Yrs.	If Under 1 Months	Yaar Deys	If Under 24 Hours M	lin. 8. Data of B	irth lay, Yea	920	9. Birthple Country Mary	ce (Stete or Fo y) yland	oreign
land		County		10c. City,	Town or Lo	cation						100	d. Inside City L	imits
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death with the Maryland ims 23a or 28a-f ahow ims the notified increal Director	10e. Street and Number					10f. Zip C	ode			10g. C	Citizen of V	Whet Country	y?	
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or, or its	11. Marital Status 1 Never Merried 2	☐ Married	12. Wes Decede Armed Force 1 Yes 2% If Yes, Giva Yaer or Dete	s? DNo		Ves Decede Yas, specif		lispento Origin? an, Mexican, Pu Specify:	(Specify Yes or Nearto Rican, etc.)	0-	14. Rece - American Indian, Black, Whita, etc. Specify: White		c.	
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Depar impo any ir once	21. Signature of Funerel	lan	Seite	22. Name and Address of Fecility A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Md. 21211						.211				
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State • Registrar	31. Date filed (Month, Da	, Year) 0 1998	3) Regi	Registrar's Signeture										

DHMH 16 Rev 6/95

859 7 DO - 85 4 VSC

MONTH LINE B. D. The Secret Committee of Committee of the

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middla, Last) **Physician** HARRY IRVIN SPAHN /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Facility Neme (If not institution, give street and number) Examiner Franklin Square Hospital Center 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) **Funeral** 1√ M 2□ F 212-36-0018 59 Director Usuel Residence of Decedent 10e. Stete 10c. City, Town or Location 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Baltimore Rosedale Md. Directo

Rose	eda1	2	Balt	imore
If Undar Hours	24 Hrs. Min.	8. Date of Birth (Month, Day, Dec. 16	Year) 1938	9. Birthplace (Stata or Forei Country) Maryland

Hartman

February 18, 1998

2. Dete of Death Month

3. Time of Deeth

10d. inside City Limits

Approximate Interval Between Onset end Deeth

45 minutes

1 Yas 2 No

3:21 PM

10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 7921 33rd Street 21237

USA 14. Rece - Amaricen indien, Biack, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Maritel Stetus 1 Yes 2 No if Yes, Give Yeer or Datas: 1 Nevar Married 200 Married 1 ☐ Yes 2 ☒ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorcad

White 15. Decedent's Education (Spacify only highast grada complated) 18e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Laborer Construction 10th 18. Mother's Name (First, Middle, Maiden Surname)

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

17. Fathar's Nema (First, Middle, Last) Irvin E. Spahn

19e. Informent's Name/Relationship (Type, Print)

19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

Myrtle

Darleen Spahn / wife 7921 33rd Street Baltimore Md. 21237 20b. Piaca of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Ramoval from State

4 ☐ Donation 5 ☐ Other (Specify) Gardens of Faith Cemetery2/23/98 Rossville MD. 21. Signatura of Funaral Sarvice Licensee 22. Name end Address of Fecility

Connelly Funeral Home of Essex 23a. Pert1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest. 21221 shock, or heart feiture. List only the cause on each line. onne

Acute Cardiac Arrhythmia

Immediate Ceuse (Finel diseese or condition resulting in death) Due to (or es a consequence of):

Severe Cardiomyopathy Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es a consequenca of)

Diabetes thet initieted events resulting in death) Lest Dua to (or as e consequence of): Hypertension

Pert II. Other algnificent conditions contributing to death but not rasulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

24b. Were autopsy findings aveilable prior to completion of cause ot deeth? 24a. Wes en eutopsy performed?

2 No

25. Was case referred to medical exeminer? 26. Piece of Death (Check only one) Hospitel: 1 ☐ inpatient 2 ■ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No

28d. Describe how Injury occurred 27 Manner of Deeth 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined

28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide

Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the cause(s) end manner as steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, date end placa, and due to the cause(s) and manner stated. 29a. Certifier (Check only

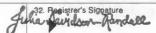
29c. License number 29d. Dete signed (Month, Day, Year) 29b. Signature and title of certifier assoreres

0052573

randowsh 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print) DR Lawrence Lewandowski MD 9000 Franklin Square Drive Baltimore Maryland 21237

State Registra

31. Dete filed (Month, Day, Year, FEB 2 0 1998



DHMH 16 Ray 6/95

DAHN, HARR,

Funeral

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Completed

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Physician

Examiner

/Medical

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Examiner

Physician/Medical

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Certification:

edical

3 ☐ Suicide

Peges 1 permit. Peges Department of Important: If Its any Injury or o

certificate be executed Box 68760, Division of Vital Records, P.O. the requires thet The law Physician: Attending death. efter death

6

To the Hospital within 24 hours To the Funeral E completely p49) 11 page 51 (42)

Please Type or Print in Biack Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 05126

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Registrar

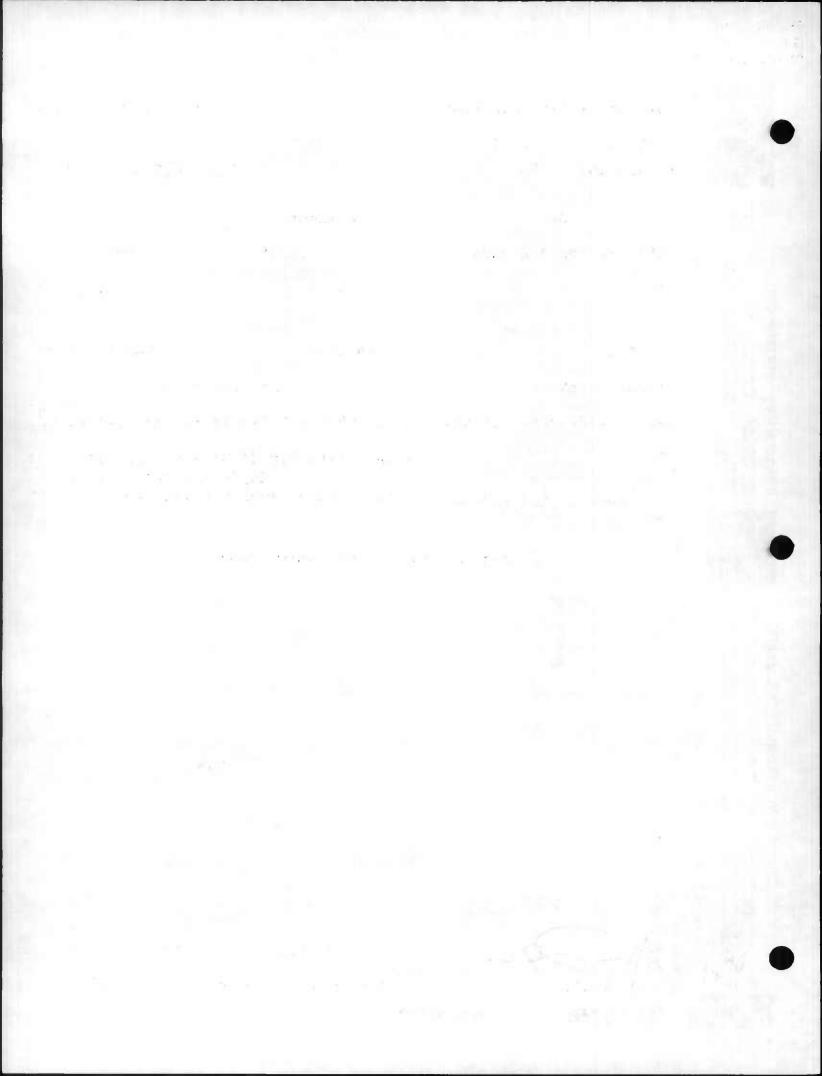
Ann Dixon M.D. 31. Data filed (Month, Day, Year) FEB 2 0 1998

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signatura

addrass of person who plated ceusa of daath (Itam 23a) (Type, Print)

O.C.M.E.

FEBRUARY 16, 1998



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month FED homas arilunn 4b. Çity, Town, or Location of Daeth 4e. Facility Neme (If not institution, give street end number) 4c. County of Deeth Daltimore duiew DOUL ound If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 217-62-922 1□ M 219 F Deys Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Balti more 1 Tes 2 No NA ma 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ROUNDUIEN 21225 431 S 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: Black Specify: 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life_DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) College (1-4or 5+) SupERVISOR 12+h 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surnama) R: Ellen Neistopher DME2 Thomas 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Route Number, City or Town, State, Zip Code) Brother Pasadona Md 21122 7896 Whitescove James 20b. Place of Disposition (Name of cemetery, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Buriai 2 Cremation 3 Removal from State 2.21.98 GLED DURNIE, MC 4 ☐ Donetion 5 ☐ Other (Specify) of Funeral Service Licansee F, H, W 00 Wabash 23a. Part. Enter the disease, or complications that caused the deeth. Do not antar tha mode of dying, such es cardiec or respiretory arrest, show, or heart valure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediate Cause (Finel Secondary pulmonary disease or condition resulting in death) myocardia Nervous 23b. Did tobacco usa contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown 24b. Ware autopsy findings aveileble prior to completion of cause of death? 24a. Was an autopsy performed?

Physician /Medical **Examiner**

> the 9 ettending p

signed by t

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certificate

To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; to

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Completed

Be

70

Certification:

Medical

Physician

/Medical

Examiner

Director

Funeral

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Completed

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Experiment must be notiled at

"natural", or items 23a

permit. Pages 1 end 2 should be filed withir Department of Health and Mental Hygiene. Important. If Item 27 is merked other than any Injury or other trainment.

Baltimore, Maryland 21215-0020

Records, P.O. Box 68760,

Division of Vital

Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Entar Underlying Geuse (Disaase or Injury that initiated events rasulting in death) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

1 Yes 2 No 26. Placa of Daath (Check only ona)

200 NO 1 Yas

25. Was casa referred to medical 1 Yes 2 No 27. Menner of Deeth

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 5 Pending Investigation

28b. Tima of

28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Aesidenca 6 Other (Specify) 28d. Describe how Injury occurred

29a, Certifier

1 Natural

2 Accident 3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the causa(s) and mannar as stated. Madical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and placa, and due to the cause(s) and mennar stated.

29b/Signature

31. Date filed (Month, Day, Year)

EEB

29c. License number

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

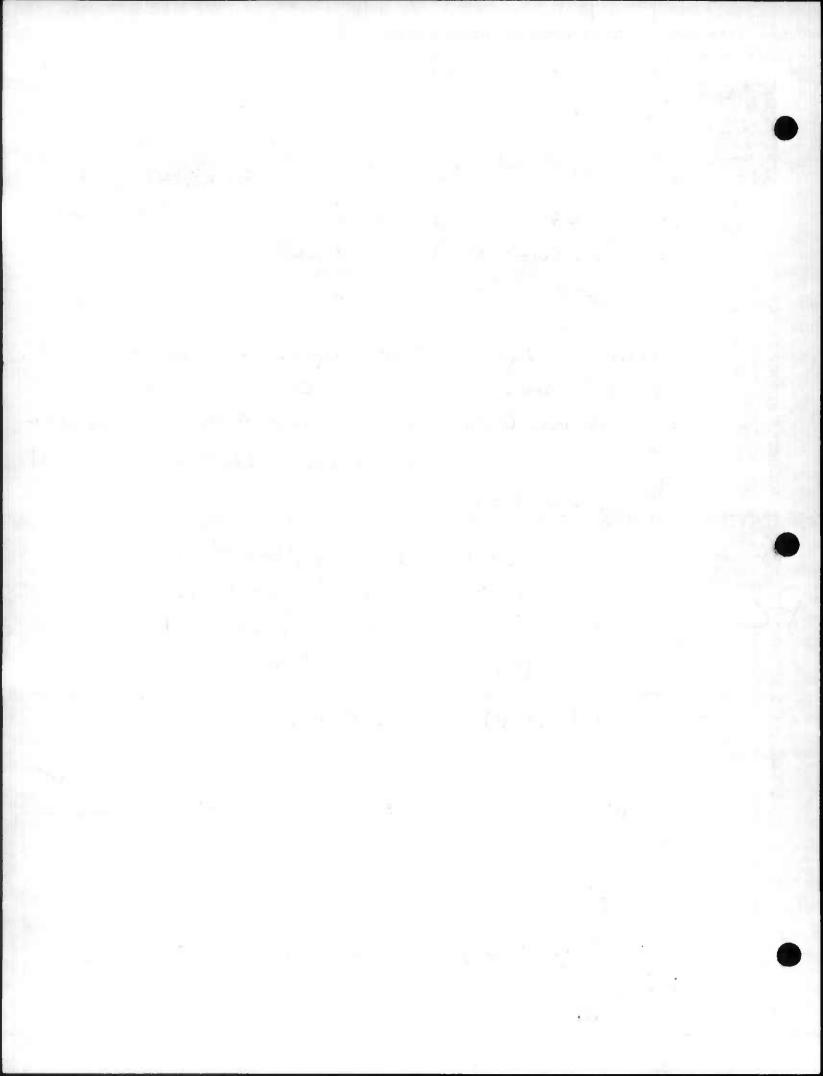
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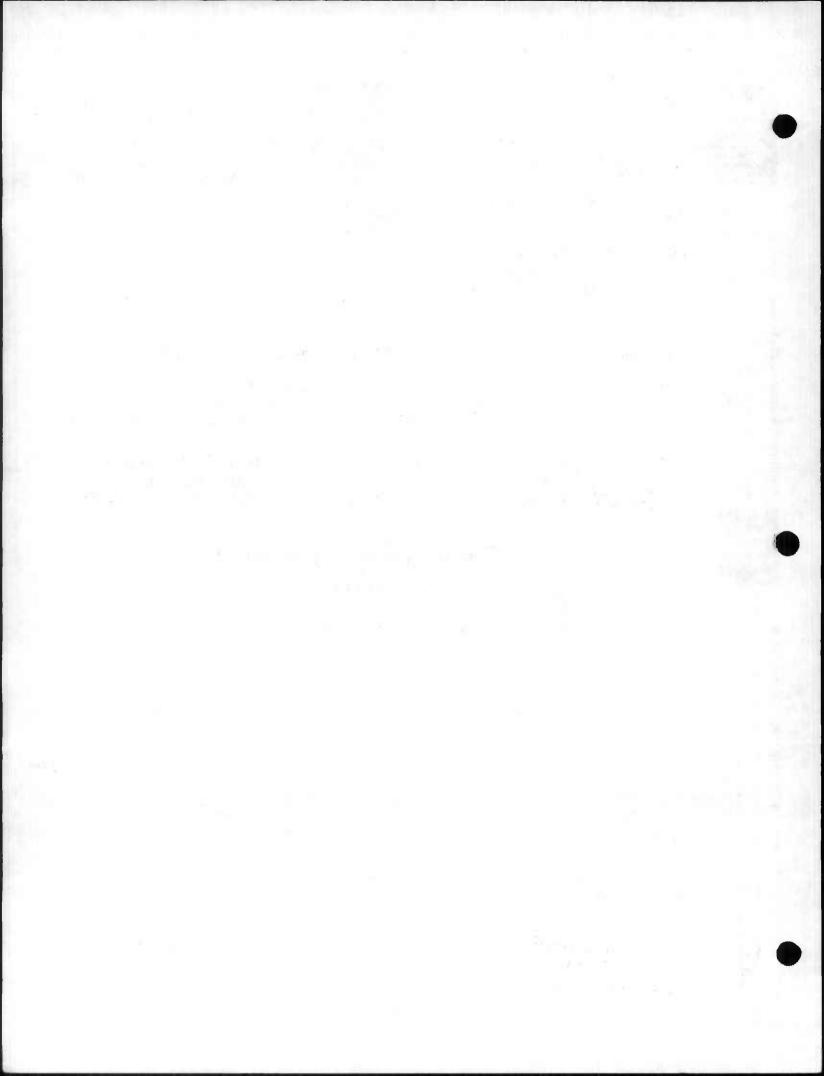
State Registrar

S. Hanorus St. Baltimore Md 21225 Blag, 3001 22. Rapistrer's Signature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q

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Funer Direct		5. Social Security 213–16–6		Sex 7	7. Age (In yrs. 96	lest birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs.	8. Date of Birth (Month, Dey	Year)	9. Birthp Coun	lace (State or Foreig try)
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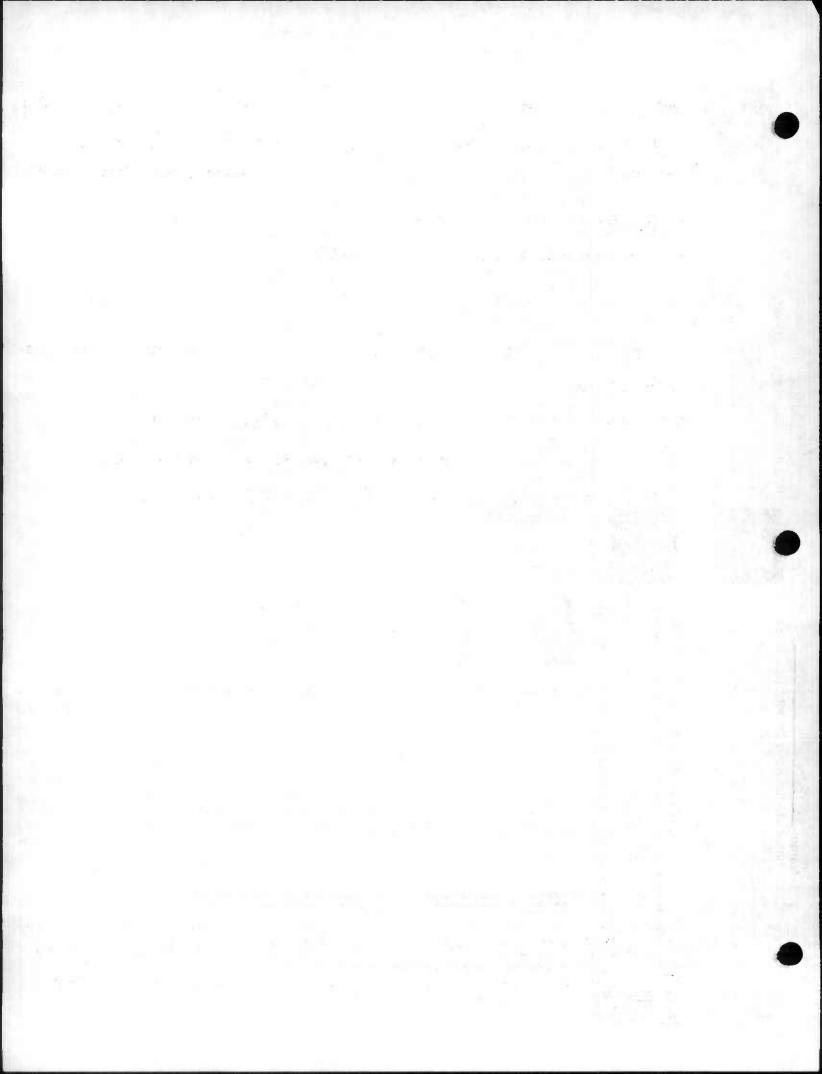
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21215-0020 d within 72 hours aff glene. In than "natural", or the Wad cell Exam.	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)	College (1-4or 5+)	(Give	DO NOT use retire	during most of wo	rking	16b. Kind of Bu	usiness/Industry	
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Baltimore, Maryland : permit. Pegas 1 and 2 should be filed Department of Health and Mental Hyg Important: If Itam 27 is marked other any linjury or other traumatic event, once.		19a. Informant's Name/Reletionship (Ty. Nancy Mankin/dau 20a. Method of Disposition 1□ Burial 2□ Cremation 3□R 4 ☑ Donation 5□Other (Specify)	ghter	180 20b. Place of Dispo		n Road,				
Baltir permit. P Departme importan any injur		21. Signeture of Funeral Service License Ronald S. Wade	P, Director	1/	2. Name and Addr State An Baltimor	ess of Fecility atomy Boa e, Maryla	ard, 655	W. Balt	imore S	treet
Physiclan /Medical Examiner		23a. Pent. Enter the disease, or compli- shock, or heart fellure. List only or Immediate Cause (Finel disease or condition resulting in deeth)	cations thet caused the ceuse on each lina.	e deeth. Do not en	ter the mode of dy	ing, such es cardia	c or respiratory er	rest,	Inten	oximate vel Between et end Deeth
68760, rifficata be axecuted ng physician and t as the burial-transit	Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest	obe si	e to (or es e consec e to (or as a consec	quence of):				5	ears
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Division of to the Hospital or Attending Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of	Certification:	27. Menner of Death 1 Natural 2 Accident 3 Suicide 2 Could not be	28a. Date of Injury (Month, Day Yo	28b. Time o injury	Wo		T	now Injury occur		
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he Hospital in 24 hours the Funeral pietely filled	edicai	(Check only 2 Medical Examin	ician: To the best of m ier: On the basis of ex- and manner stated	eminetion and/or in	vestigetion, in my	opinion, death occi	rred at the time,	date end placa,	and due to the c	ause(s)
To t To t	2	29b. Signature and title of certifier	Volv.	8m0	29c. Licen	se number		29d. Date signe	Month, Day, 1	'ear)
er Lucalitus		30. Neme and address of person, who co	mpleted cause of death	h (Item 23a) (Type,	Print	lle 1	UD 211	08		
St Regist	ate	31. Date filed (Month, Day, Year)	32. Registrar's	Signalure						

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3 19		19a. Informant's Name/Ralationship James R. Ritter (Fri	(Typa, Print) iend)		19b. Mailing Addrass (Straat 560 Kingsale Road			and Number or Aural Routa Num Timonium, Maryl					Coda)
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death Reg. No. 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Day Yaar Month Alvin Lee Wilson 1998 11:00 P.M Feb 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 6462 Loudon Avenue Elkridge Howard If Under 1 Yaar | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 9. Birthplaca (State or Foreign Country). Country) West Virginia 5. Social Security Number 7. Age (In yrs. last birthday) Days Months Hours 10 M 20 F 78 234-32-4160 Usual Residence of Deceden 10c. City, Town or Location 10d. Inside City Limits 10b. County 1 Yes 2 No Howard Elkridge 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21075 U.S.A. 6462 Loudon Avenue 12. Was Decedent Ever in U,S. Armed Forces? 1 X Yes 2 □ No If Yes, Give Year or Dates: Was Decadent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 X No Specify: 3 ☐ Widowed 4 ☐ Divorced white 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grada completed)

machine adjuster

20b. Place of Disposition (Neme of cemetery, cremetory or other place)

Meadowridge Mem. Park

Peges 1 and 2 should be filed within 72 hours efter deeth with the Menyland neat of Health and Mental Hyglens. Int: If item 27 is marked other than 'natural', or items 23a or 23a-f show my or other than the my orline and the mything any or other traumatic event, me Mental Engineer man be mything as Baltimore, Maryland 21215-0020 permit. Pege Depertment important: if any injury or

Physician

/Medical

Examiner

10a. State

Elementery/Secondary (0-12)

17. Fathar's Name (First, Middla, Last)

Sam Wilson

20a. Method of Disposition

Immediate Cause (Finei disaase or condition resulting in deeth)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last

19a. Informant's Name/Relationship (Type, Print)

1 X Burial 2 Cramation 3 Ramoval from State

Parthenia Wilson

4 ☐ Donation 5 ☐ Other (Specify)

21. Signature of Funeral Service Licen

Coilege (1-4or 5+)

(wife)

Director

Funeral

by

Completed

Be

Funeral

Director

Physician /Medical Examine

physician and s the buriel-transit The law requires that the death certificate be executed 88 use 0 signed by the e After this certificate has funeral director, page 2.

Examiner Physician/Medical g Completed Attanding Physician: Be Certification: To n 24 hours efter death.

Ne Funeral Director: A pletely filled in by the fi death. 5 edical

Division of Vital Records, P.O. Box 68760

Hospital To the I within 2.

Registrar

(Check only one) 29b. Signatura and title of certifier Cor 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) LAWRENCE 31. Dete filed (Month, Day, Year) FEB 2 0 1998

25. Wes case referred to medical

5 Pending

investigation

6 Could not be determined

1 Yes 2 No

27. Menner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier

4 Homicide

VIDAVER M.D.

28a. Dete of Injury (Month, Dey Year)

32. Registrar's Signature

1 Inpatient 2 ER/Outpetient 3 DOA

28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify)

28b. Time of

28c. Injury at Work?

29c. License number

D2555

1 ☐ Yes 2 ☐ No

22. Nama and Addrass of Facility
Gary L. Kaufman Funeral Home at Meadowridge Mem. 7250 Washington Blvd., Elkridge, MD. 21075 23a. Part1. Enter the disease, or comblications that caused the chall on not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Deatl LWEEKS PNEUMONIA Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

18. Mother's Name (First, Middle, Maiden Sumeme)

Erie Bean 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

6462 Loudon Ave., Elkridge, Md. 21075

3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed?

Factory

20c. Location - City or Town, State

02/18/98 Elkridge, MD.

1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No

26. Place of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

1 ☐ Yes 2 ☐ No

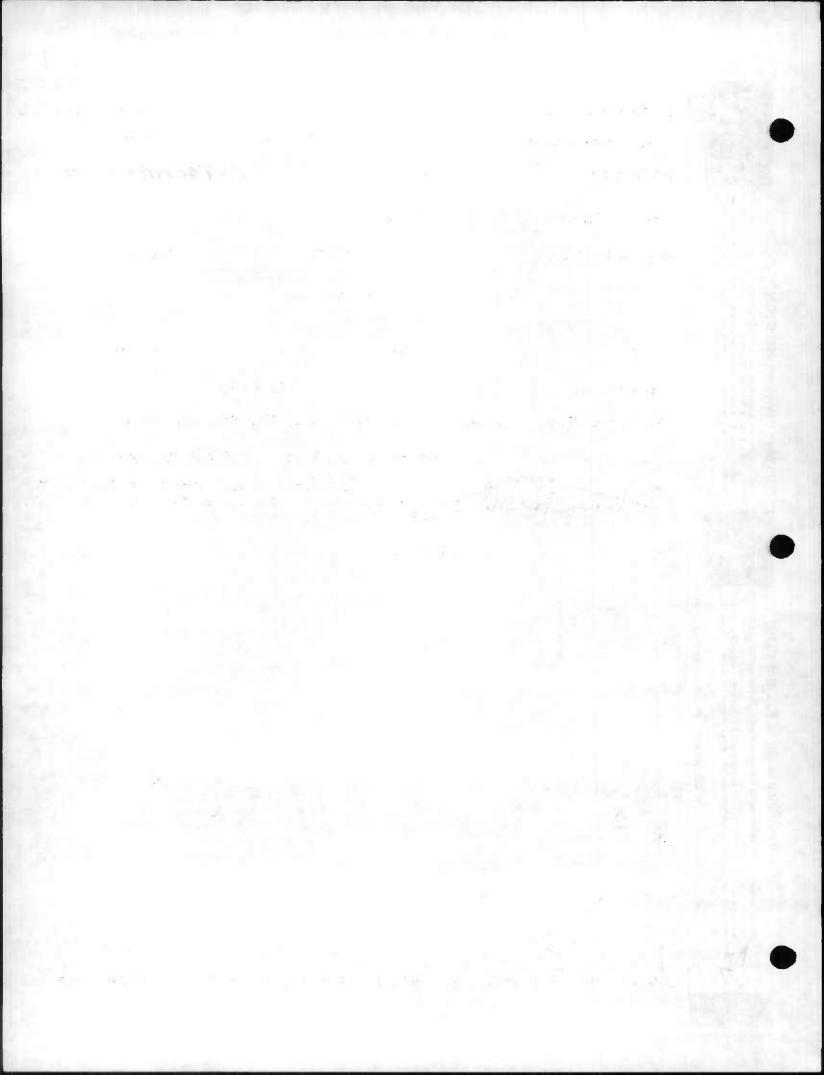
281. Location (Street end Number or Rural Routa Number, City or Town, Stete)

Certifying Phyaicien: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and menner stated.

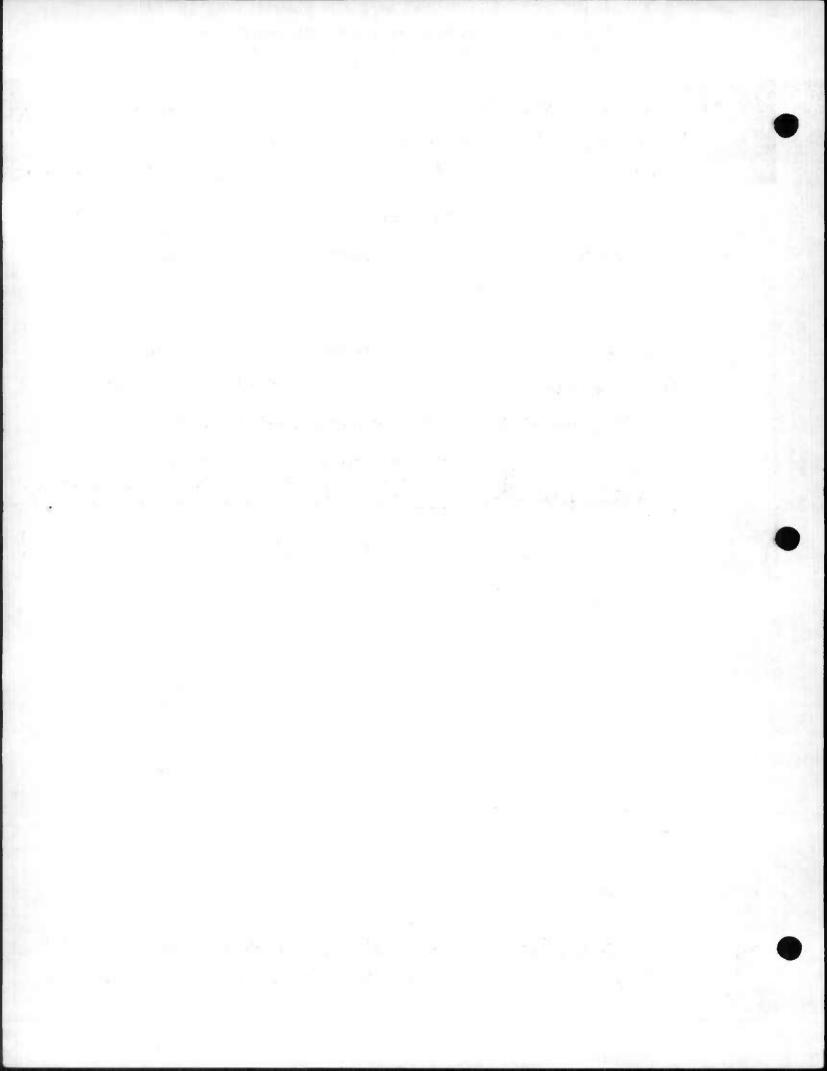
29d. Date signed (Month, Day, Year)

420 S. CRAIN HWY: SUTE 3, GLEN BURME, MD



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q

					Otato of III	aryrano			Death		Reg. No.	Ü	514	12
	Physic /Medi		1. Decedant's Name (First,	Middla, La	WRiah	t				2. Dete of De Month Februa	ath Day	Yaar 1998	3. Tima 0	of Death
-	Examin Funeral Director		4a. Facility Name (If not ins Oniversity 5. Sociel Security Numbar 218-60-8877	of	MARYU	a (In yrs. la	st birthday) If L	Inder 1 Year		MOV-C 8. Data of Birl (Month, Da	4c. County	9. Birthp Coun		or Foreign
	D		Usuel Rasidance of Decede				T			Mog. 1	.0,1952		Virg	
	Aaryla f ahov	or	MD 10a. Stata 10b. C	ounty			Town or Location	1				11	0d. Inside 0 1 🔯 Yes	City Limits s 2 No
	r 28e	irect	10e. Street and Number			Dd.	ltimore	f. Zip Code			10g. Citizen of	What Coun	try?	
	th wit	ai D	1737 McHenr	y St.				21223			U.S.A			
21215-0020	s i and 2 should be filed within 72 hours after death with the Maryland Health and Mental Hygiene. Health and Mental Hygiene. Health are X38 or 28s-f ahow other training training to notified at other training to notified at	by Funeral Director	11. Marital Status 1 □ Nevar Marriad 2 □ 3 ☒ Widowed 4 □ Div		12. Wes Decedant Armed Forcas? 1 Yes 2 If Yas, Giva Year or Datas:	111111		Decedant of specify Cubes 2 X No	Hispanic Orlgin? (S pan, Maxican, Puar Specify:	specify Yes or No to Rican, etc.)	No- 14. Race - Amarican Black, Whita, atc			
5-0	72 ho	Completed	15. De	cedant's Ed	ducation da complated)		16a. Dacedant's	Usual Occu	pation during most of wo	rkina	16b. Kind of B			
121	within one. ihan "	mple	Elamantary/Secondary (0		Collaga (1-4or	5+)	lifa. DO N	OT usa ratire	ed)					
	filed with Hygiene. Ither then		UNKNOWN 17. Fathar's Name (First, M	liddla, Last)			Da	rtende		ma (First, Middla,	Bar Maidan Suman			
Maryland	2 should be f and Mental I is marked of raumatic eve	To Be	Ralph Buren	Wria	ht				18. Mother's Nama (First, Middla, Maidan Sumama) Clarice Juanita Caudell					
lary	shou and N a mar						19b. Mailing Ad	irass (Stree	t and Number or R	ural Routa Numbe	er, City or Town	Stata, Zip	Code)	
Baltimore, N	permit. Pages I and Department of Health Important; If Item 27 any Injury or other transfer.		19a. Informant's Name/Ralationship (Type, Print) John Keyser (brother in law) 20a. Mathod of Disposition Burial 2 Mi Cramation 3 Ramoval from Steta										ridge	Mem.
	Physician /Medical Examiner	er	23a. Fant Entar tha disas or heart failure Immadiata Causa (Final disassa or condition rasulting in death)	isa, or com i. List only	end.	St.	as e consequenc	Liv			idge, M	D_21	075 Approxima Intervel Ba Onset and	atween
Box 68760,	death certificate be executed e ettending physician and of for use as the buriel-trensit	Physician/Medical Examiner	Sequentially list conditions if any, leading to Immadiate ceuse. Enter Undarlying Cause (Disaase or Injury that initiated avants resulting in death) Last	{	b. Sep c. Ren	Due to (or a	s a consequance	ure						
	death	sicla	Pert II. Other significant co	nditions o	ontributing to death b	ut not rasult	ing in tha underly	ing causa gi	van in Part I.	23b. Dld	tobacco use co	ntribute to	the cause	of death?
s, P.O	es that the de igned by the e be deteched t	by Phy							20-5-0-111-2	10	Yes 2 No	3 🗆 Prot	ably 4	Unknown
Records,	aw requires to been so 2 should	Completed									an autopsy med?	ava	ira autopsy ailabla prior aplation of daath?	to
al F										10	ras 20 No	10	Yas 2	□No
Vital	Physician: The this certificete ral director, par	o Be	25. Was casa refarred to m axaminer?	edical	Hospital:	- ADE	D/Outestinet of	Ot Ot	her	ath (Check only o		(0)		
of	De je	ation: To	1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpati 27. Manner of Deeth 28a. Date of Injury 28b. Time		28b. Time of Injury	28c. Inju	4 LI Nursing F	lome 5 ☐ Resident 28d. Dascribe I	now injury occur		,			
Division	tal or Attendir rs after death. al Director: Af	3 Suicida 6 Could not be datarmined 28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify)								28f. Location (S City or Tox	Straat and Numi vn, State)	ber or Rura	Routa Nur	mber,
	To the Hospital or within 24 hours after To the Funeral Dirac	edical	29a. Certifiar 12 Ce (Check only one) 2 Me	rtifying Phi dical Exam	yalclan: To the best of niner: On the basis of and manner sta	examinatio	edga, death occu n and/or Invastig	rred et the ti ation, in my	ime, date end place opinion, daath occu	e end place, and dua to the cause(s) end menner es stetad. daath occurred et tha tima, data and place, and dua to tha c			etad. tha ceusa((s)
		Me	29b. Signature and tiple of o	100	1/2.		1 us	29c. Lican	29c. Licansa number 29d. Date sig P10522 February BAItimore, 1					
	013		30. Nama and address of p	argen Son	completed cause of d	aath (Itam 2	(Type, Print)	-	BAI	1	CO102	57	120) (
	Sta Registr	1	31. Data filed (Month, Day,		32. Registr	er's Signatu	on-Randel	2	D M	11/00				



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 19a per Informant G-756 2/21/98 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Annie May Watkins FEBRUARY 17, 1998 /Medical 4a. Facility Name (If not institution, give street and number) c. County 4b. City, Town, or Location of Death Examiner Baltimore
If Under 24 Hrs.
Hours Min.

Min.

Mogth, Day Year)
06/23/42 Stella Maris at Mercy Hospital If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foreign **Funeral** 1□ M 2 🔀 F Days Months Maryland 55 Director 216-42-1549 Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23e or 28a-f show other traumatic event, he Medical Examiner must be notified at 1 Yes 2 □ No Director Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 21216 2413 Baker Street Funeral 12. Was Decedent Ever in U,S. Armed Forceş? 1 ☐ Yes 2 ZNo If Yes, Give Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married Specify: Black altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: À 3 ☐ Widowed 4 ☐ Divorced Year or Dates: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within 7 I Hygiene. other then "n Elementery/Secondary (0-12) College (1-4or 5+) Medical 12 Nurse Assistant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be fil.
Department of Health and Mental He
Important: If Item 27 is marked oth
any Injury or other traumatic even 36 2 Harrison Watkins Pearl Green 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marie Harvin Neice 3208 Windsor Blvd., Woodlawn, Maryland 21207 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a Method of Disposition Date 20c. Location - City or Town, Stete 1 Durial 2 Cremation 3 Removal from State King Memorial Park 02/20/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Derrick C. Jones Funeral Hm., 4611 Park Heights Ave., Baltimore, Maryland 21215 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one caused the deeth. Approximate Interval Between Onset and Death Physician tmmediate Cause (Final disease or condition resulting in death) /Medical Examiner Due to (or es a consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that left inted accounts.) Due to (or es a consequence of) physician 68760 Physician/Medical that initiated events resulting in death) Lest the Due to (or as a consequence of) Box P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Nnknown þ Records, 8 24b. Were autopsy findings available prior to completion of ceuse of death? Completed 24e. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No slon of Vital 25. Wes cese referred to medical examiner? Be 28. Place of Deeth (Check only one State | | A MARIS Other: 4 Nursing Home 5 Residence 8 Other (Specify) HOSpice Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA ို 1 Yes 2 No 4 27. Manner of Death
1 ZNatural
2 Accident 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? 28d. Describe how Injury occurred Medical Certification: 28b. Time of Bulb 5 Pending Investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Thomicide Funeral 29a, Certifier Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end menner as stated

State Registrar

FERRO, MO Julia Paridson Randalle

Denoms

30. Neme and address of person who completed cause of death (Item 23e) (Type, Print)

2 Medical Examiner: On the basis of examination and/or Investigation, In my opinion, death occurred et the time, date end place, and due to the cause(s) and manner stated.

29c. License number

040480

7672 30/10 29d. Date signed (Month, Day, Year) February 17, 1998

February

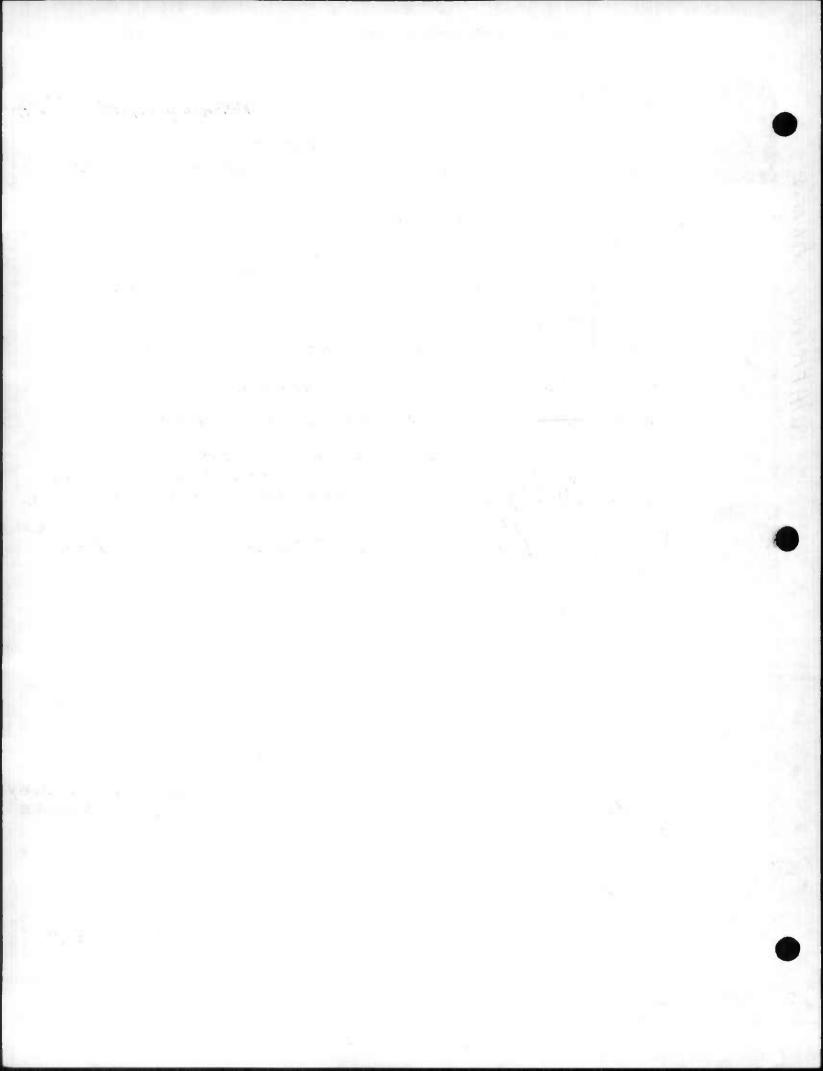
DHMH 16 Rev 6/95

To the P within 2 To the P

29b. Signature end title of certifier

31. Date filed (Month, Dev. Year)

FERNANDO



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amend: #5 Per FH Film G761 7-24-98RC Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** WELVIN WRIGHT 10: 20 p.m. FEB 1998 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** HEALTHCARE AGNES BALTIMORE BALTIMORE H Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)

JUNE 26, 1 5. Sociel Security Number 213-30-4248 213 30 4245 6. Sex 1 → M 2 → F If Under 1 Year 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** Months Days Country) Maryland 66 Yrs. Director Usuel Residenca of Decedent the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Madical Examinat mast be notified at Catonsville 1 Tyes 2 No Baltimore Director Maryland 10g. Citizen of Whet Country? USA 10e. Street and Number 10f. Zlp Code 21228 55 Wade Avenue death Funeral 11 Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after of Department of Health end Mental Hygiene. Important: If term 27 is marked other than "natural", or flen any injury or other traumatic axes. 1 ☐ Yes 2 No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Never Worked Disabled 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Mary Marconi William Wright 19e. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Catonsville, MD 21228 Holly Jackson/Social Worker P.O. Box 3235 20b. Plece of Disposition (Neme of cemetery, cremetery or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) New Cathedral Cemetery 2/20/98 Baltimore, MD 22. Name end Address of Fecility
MacNabb Funeral Home, 21. Signeture of Funerel Service Licensee Dawn F. McDonald MacNabb Funeral Home, B 301 Frederick Road Bal 23e. Pentl. Enter the disease, or complications thet caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. 1 Mc Wonald P.A. MD 21228 Baltimore, Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Finei PHEUMONIA 3 DAYS diseese or condition resulting in death) Examiner Due to (or es a consequenca of): Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Last Due to (or es e consequence of): ettending physician for use es the burie **Physician/Medical** Due to (or es e consequenca of): P.O. Pert II. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Prohimown signed b DIABETES MELLITUS 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? peen page 2 s 1 ☐ Yes 2 ☑ No 1 Yes 2 No certificate Division of Vital 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Hospital: 1 ☑ Inpatient 2 □ ER/Outpetient 3 □ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No this funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After 1 Neturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No deeth. 2 Accident Director: 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide To the ...
within 24 hours ...
To the Funeral D' 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete and piece, end due to the cause(s) end menner es steted.

2 Madical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) me mo FEB. 18 PO 9519 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) FRANCIS

ST. AGNES HEALTHCARE

31. Registrar's Signeture

MD 21229

BALTIMORE

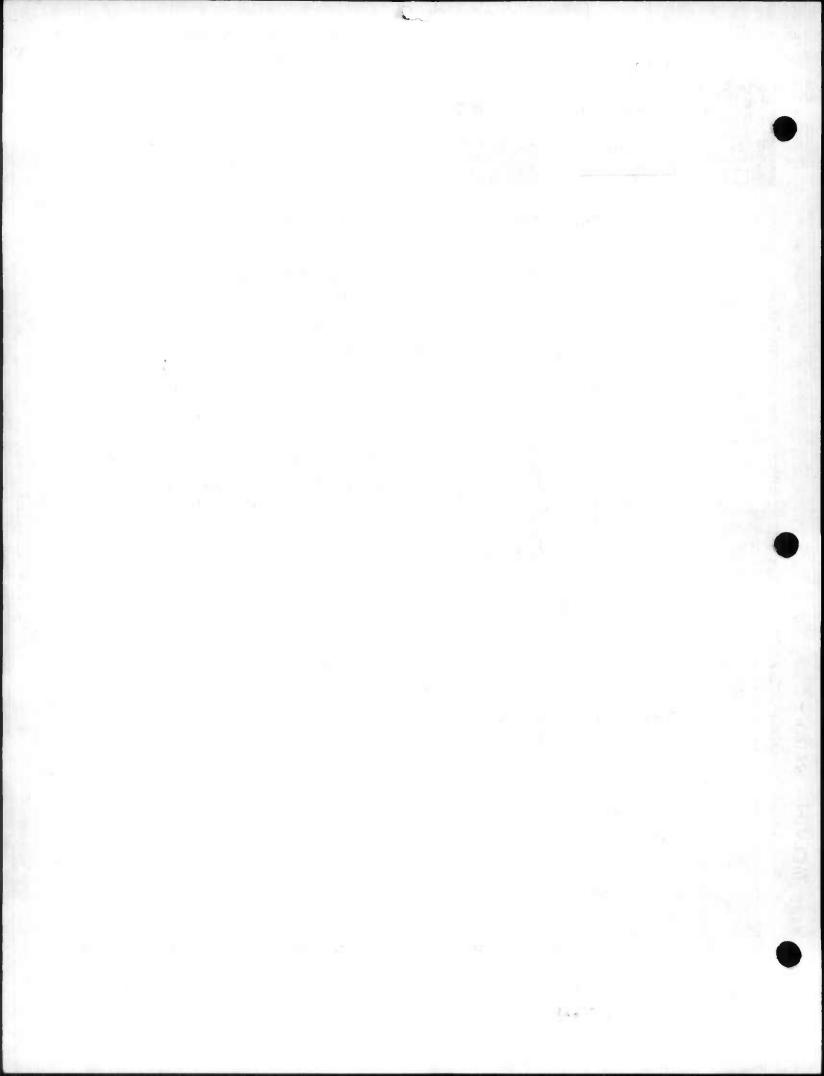
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State Registrat

AZIMA

31. Dete filed (Month, Dey, Year)

MELVIA



State of Maryland / Department of Health and Mental Hygiene

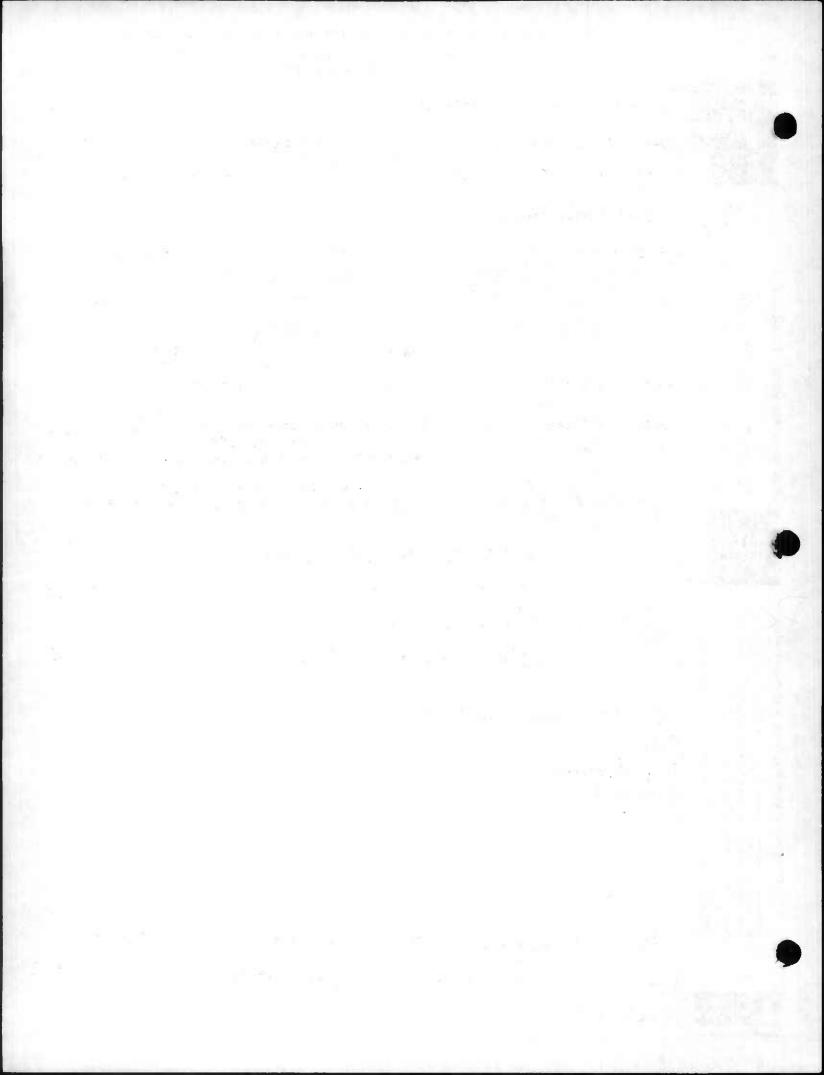
05145 Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Deeth 2. Date of Death Month Vest **Physician** Stanley Wallich Feb. 9:30 A.M. 16 1998 /Medical 4e. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Chesapeake Hospice Home Anne Arundel Linthicum If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Months | 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 15₹M 2□ F 579 44 4191 Yrs. Director 92 Sept. 18,1905 Maryland Usual Residence of Decedent 10a State 10h County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Wedical Examiner must be notified at 10d. Inside City Limits Maryland Prince George's Bowie Director ★STYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5801 Park Drive 20715 United States death Funeral 12. Wes Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yaar or Dates: 13. Wes Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Rece - Amarican Indian, Bleck, White, etc. 11 Marital Status Pages 1 end 2 should be filed within 72 hours after nent of Health and Mentel Hygiene. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 natural', or 1 ☐ Yes XX No Specify: þ Specify: White 3 X Widowad 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry nd Mentel Hygiene. marked other than Elementery/Secondary (0-12) College (1-4or 5+) Farmer Farm 17. Fether's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Charles H. Wallich Ella May Harding traumatic 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 sh Depertment of Health and Important: If Itam 27 is m any injury or other traum once. Louis S. Wallich 5801 Park Drive Bowie Maryland Son 20715 20e. Method of Disposition 20b. Pleca of Disposition (Nema of cemetery, cremetory or other plece) Feb. 20, 1998 20c. Location - City or Town, Stete 1 XXBurial 2 ☐ Cramation 3 ☐ Ramoval from State St. Mark's Episcopal Church Cemetery Fulton Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensi 22. Neme and Address of Fecility Robert E. Evans Funeral Home, Inc. afri. Enter the disease, or completations that caused the death. Do not enter the mode of dying, such es cardiec or respiretory arrest,

Appril 6000 Annapolis Rd. Bowie Maryland 2071

Appril 6000 Annapolis Rd. Bow Approximete Intervel Between Onsel and Deeth **Physician** /Medical Immediate Ceuse (Final Congestive heart Failure disaase or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated avents resulting In death) Lest P.O. Box 68760 Physician/Medical the Dua to (or es a conse The law requires that the death certificete USB BS wour Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ate has been signed by page 2 should be detec Hacemaker 1992 1 Yes 2 No 3 Probably 4 Unknown Records, þ Completed 24b. Were eutopsy findings aveileble prior to 24e. Wes en eutopsy performed? complation of causa of deeth? My voider 2 2 No certificate 1 Tas 1 ☐ Yes 2 ☐ No Division of Vital sapital or Attanding Physician: The hours effer death.

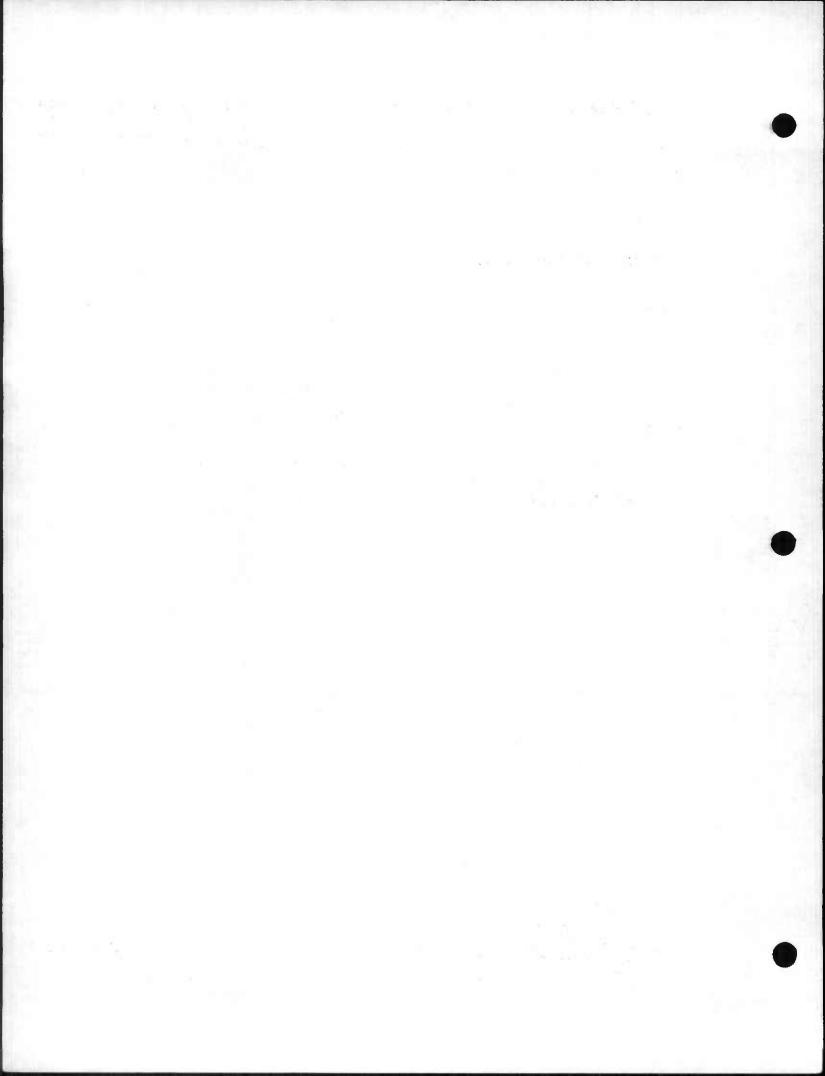
Ineral Director: After this certificate y filled in by the funeral director, pe Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: To 1 Yes 2 No 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury af Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 - Homicide To the Hospital c within 24 hours of To the Funeral D completely filled i Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner as steted.

2 Medical Exeminer: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. 29e. Certifier Medical 29d. Date signed (Month, Day, Year) 29b. Signature and title of certifie 29c. License number D42049 2/17/1998 use of deeth (Item 23e) (Type, Print) Upper Manlboro 20772 MD Alain G. CHAMPALOUX. 31. Dete filed (Month, Dey, Year) 12 Registrar's Signature This Davidon-Randall State FEB 2 0 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene Q

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Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middla, Lest) 2. Date of Daath 3. Time of Death **Physician** 554 Jan /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner timore If Undar 8. Date of Birth (Month, Day 5. Social Sacurity Number yrs. last birthday) 6. Sex lace (State or Foreig **Funeral** 212-22-453 Usual Residence of Decedent Months Days 1□ M 20 F Yrs. Director the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Examiner must be notified at Completed by Funeral Director 1 Yas 2 No 28a-f 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ items 23s deeth d 12. Was Decedant Ever in U,S. Armed Forces?

1 Yas 2 No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status Race - American Indian, Biack, White, etc. Pages 1 and 2 should be filed within 72 hours efter 1 Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify. 3 ☐ Widowed 4 ☐ Divorced Hrican American th and Mental Hygiene.
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2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. completely 29b. Signature and title 29d. Date signed (Month, Day, Year,

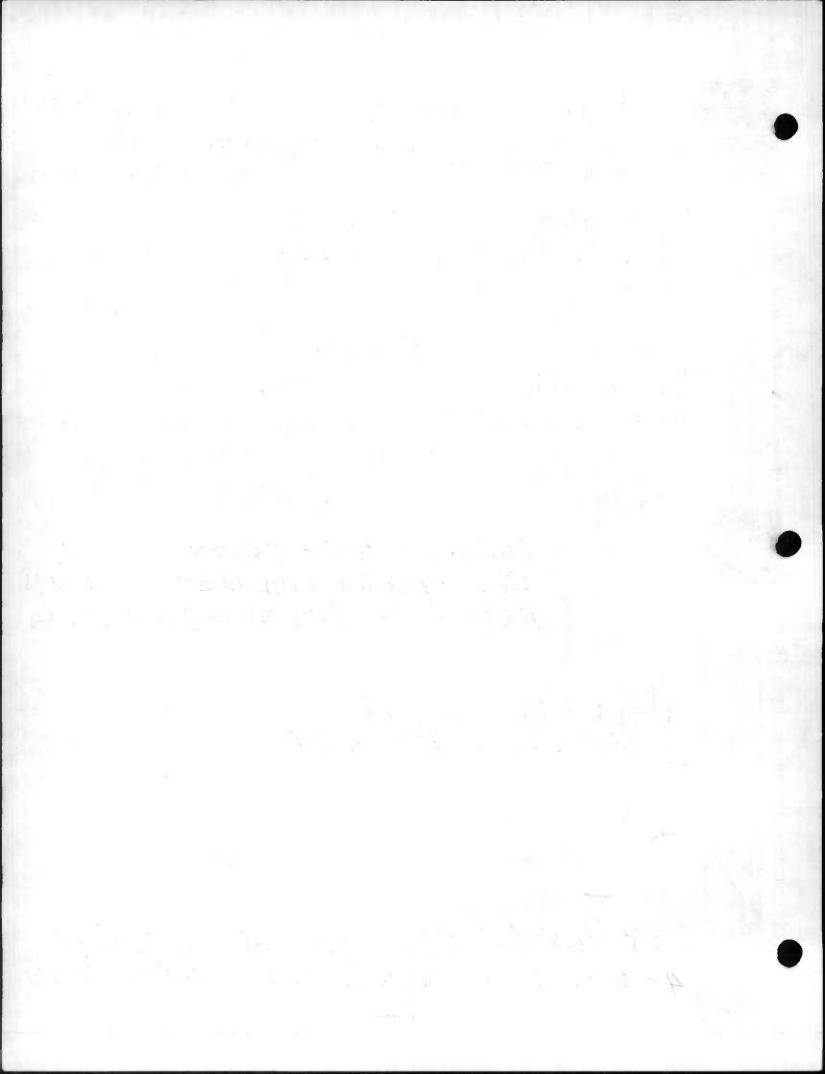
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31. Date filed (Month, Day, Year)

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29a. Certifier 1 Certifying Phya (Check only one) 2 Medical Examin	Ician: To the best of my kr er: On the basis of examir and mannar stated.	nowledga, daath nation and/or Inva	occurred at astigation, i	tha tima, data n my opinion, d	and place aath occu	i, and dua to tha cei urred at tha tima, dat	usa(s) and m a and place,	annar as and dua	stated. to tha causa(s)

21740

State Registrar

Physician /Medical

Examiner

Funeral

Director

permit. Pages 1 end 2 should be filled within 72 hours effer death with the Maryland Depentment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Item 23s or 28s-f show any Injury or other traumatic event, are Med call Examiner must be notified at

Physician /Medicai

Examiner

Medical Certification: To Be Completed by Physician/Medical Examiner

To the Hospital or Attending Physician: The lew requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

YONTZ

JANE A.

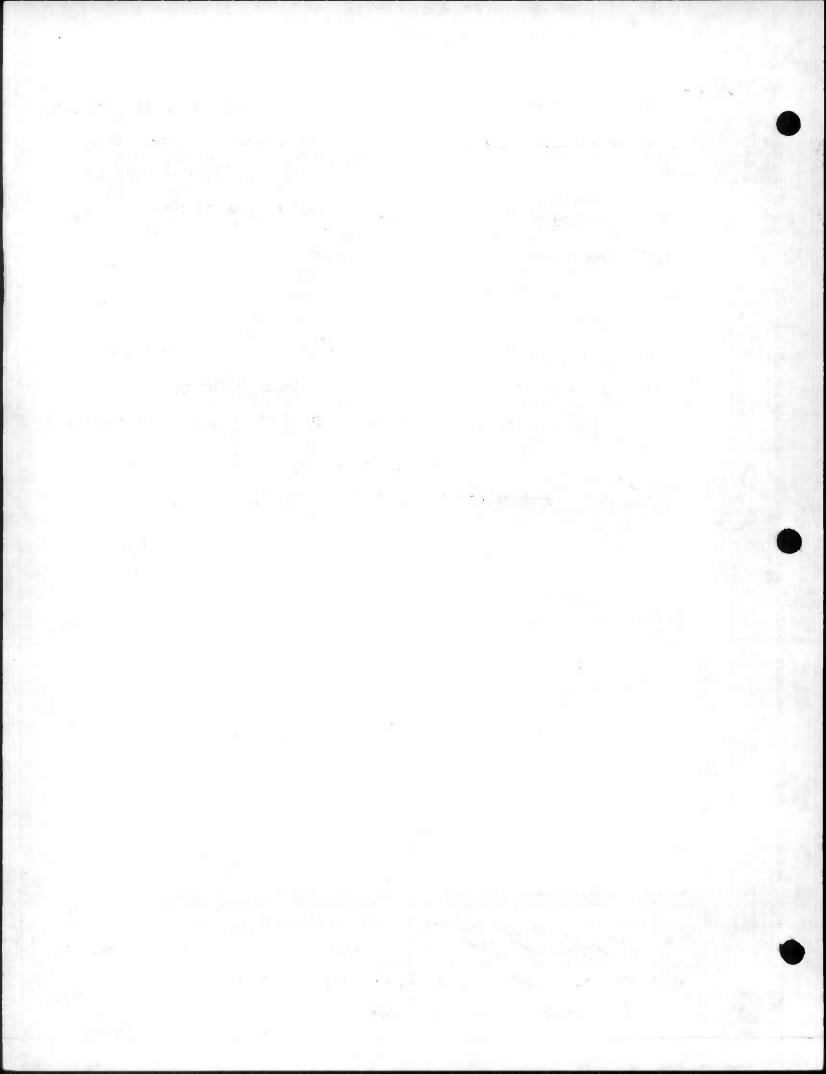
Baltimore, Maryland 21215-0020

To Be Completed by Funeral Director

31. Data filed (Month, Day, Year) FEB 2 0 1998

EDSON MOODY M.D.,

1190 MT. AETNA RD, HAGERSTOWN, MD 32. Registrar's Signature



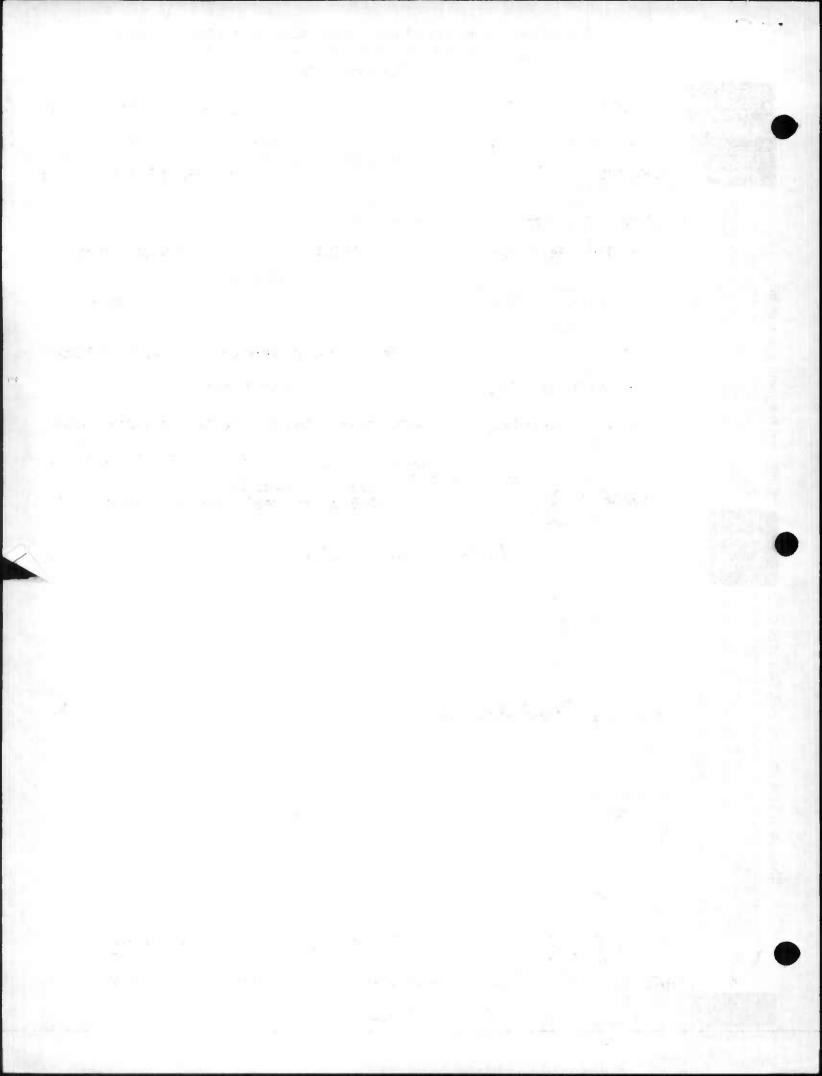
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Rov Louis February 1998 12:30 pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** N/A Good Samaritan Nursing Center Baltimore If Under 1 Yeer If Under 24 Hrs. Months Deys Hours Min. (Month, Dey, Year)

August 13, 1916 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** 1**X** M 2□ F 213-07-5497 81 Yrs. **Director** Pennsýlvania Usuel Residence of Decedent tha Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland Baltimore Middle River 10e. Street end Numbe 10f. Zip Code 10g. Citizen of What Country? ò 7232 Oliver Beach Road 21220 United States items 23a Funeral 11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours after of Hygiene. other than "natural", or iter 1 ☐ Never Married 2 ☐ Merried 1 ☐ Yes 2 X No If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 Widowed 4 X Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) permit. Pagas 1 and 2 should be filled w
Department of Health and Mental Hygien
Important: If Itam 27 is marked other tha
any injury or other traumatic... Antique Car Refinisher Automobile Restoration 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Be Anthony Bernard Zang Rose Weller 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Norita Stover / Daughter 1504 Amesbury Court BelAir, Maryland 21014 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/18/98 Parkwood Cemetery Baltimore, Maryland Zavoyna 22. Name end Address of Fecility Leonard J. Ruck, Inc. 21. Signeture of Funeral Service Licensee Mark T. 5305 Harford Road Baltimore, Maryland 21214 23e. Pert1. Enter the disease, or compiled ions that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. Approximete Intervel Between Onset end Deeth **Physiclan** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner physician and the buriel-transit The lew requires that the death certificate be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of) attanding esn Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed l Records, Be Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evallable prior to completion of cause of deeth? paga 2 1 ☐ Yes 2 No 1 Yes 2 No cartificata Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartificately filled in by the funeral director. 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA 27. Manner of Deeth 28a. Dete of Injury (Month, Dev Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation 1 Naturel 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 3 ☐ Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral Complately filled Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, end due to the ceuse(s) end menner as stated.

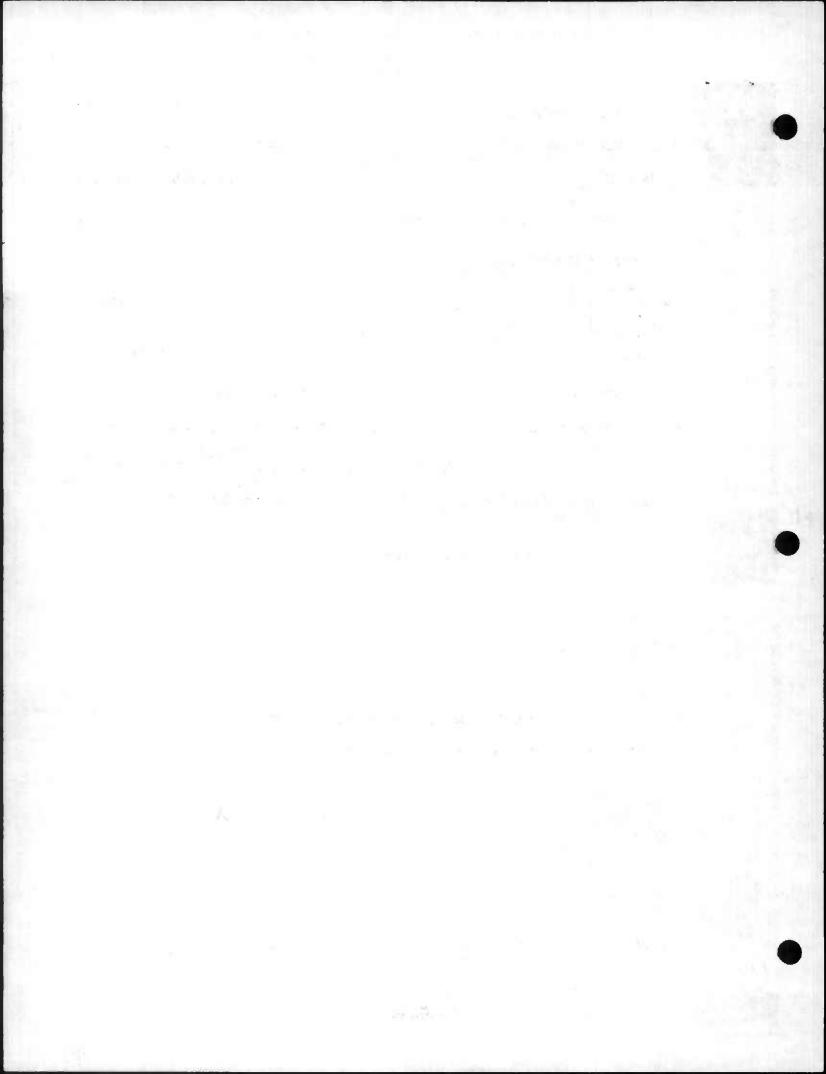
I Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. edicai 29e. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print) MD CARL SPERLIPG 5601 LOCH RAVEN 31. Dete filed (Month, Day, Yeer) 32. Begistrar's Signature State Adia Davidson Registrar

DHMH 16 Ray 6/95



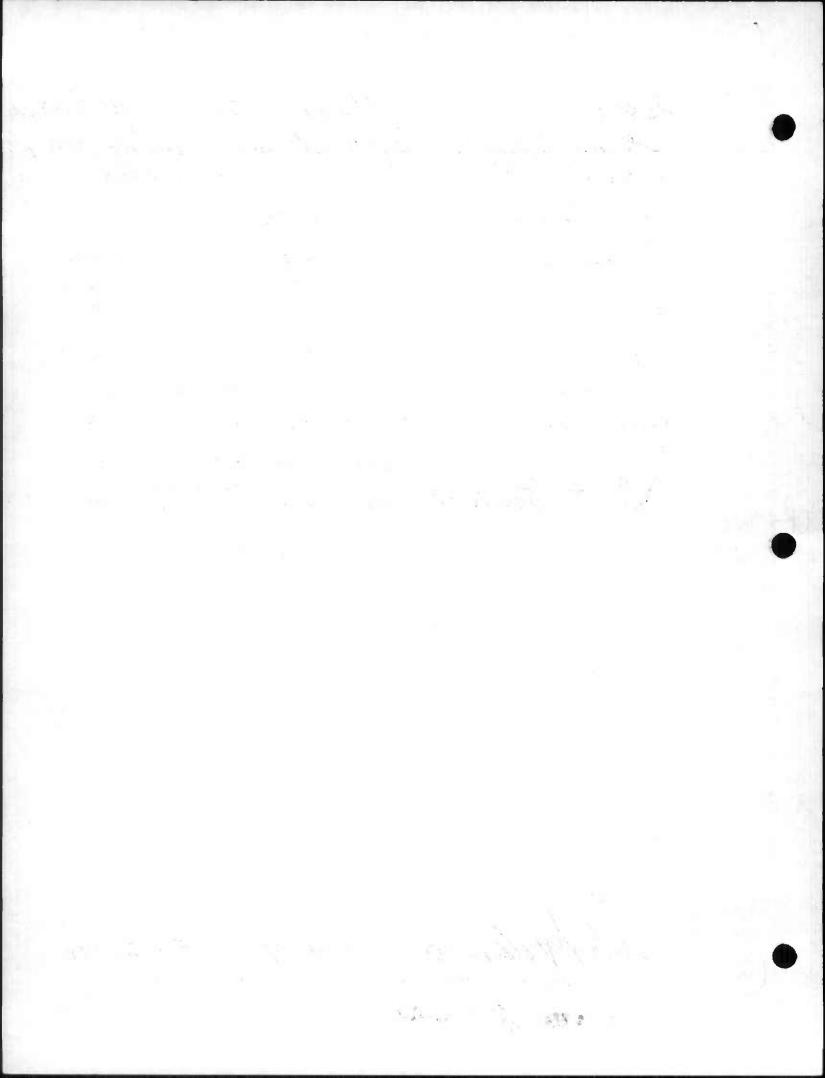
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	Funeral	П	5. Social Security	Number	6. Sex 17€ M :		Age (In yrs. 71	last birthday) Yrs.	If Undar Months	1 Year Days	If Under 24 Hrs. Hours Min.	Date of Birth (Month, Day,	Year)	9. Birthpla Country	ce (State or	Foreign
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	yland		10a. State	10b. County			10c. Cit	ty, Town or Lo	ocation					100	d. Inside City	y Limits
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	or 21	Director	10e. Street and N	umber					10f. Zip	Code		10	Og. Citizen of	What Country	y?	
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77	filed within 72 hours after death with the Maryland Hygiens than "natural", or itema 23a or 28a-f show the than Medical Examines must be notified at	by		4 Divorced	M	Yes, Give ear or Date		т	1 Yes	2€ No	Specify:		Specify	BLAC	CK	
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910	lid be lental ked o	To Be	Walter	Anderso	n						Gladola .	Iones				
ary	2 should be and Mental is marked o	-	19a. Informant's N			rint)		19b. Maili	ng Address	(Street	end Number or Run		City or Town,	State, Zip C	code)	
	and 2 aalth n 27 is		Ramona A	Anderson	1/daug	hter		1819	Dutch	Vi	llage Driv	ve Land	over.Me	1. 207	85_	
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	tman tman tant:		4 Donation	5 Other (S)	pecify)			eltenh	am Ve	tere	eno-Cemete	ry	Cheltei	iham,M	d-	
Da	permit. Pages 1 and 2 should be filed within 72 hours after death with tha Maryfan Department of Hadilla and Mental Hygiena. Thepartment of Hadilla and Mental Hygiena. Instural; or itema 23a or 28a-f show any injury or other traumatic event, the Medical Examination and be notified as once.		21. Signeture of F	uneral Service	Licensee	,	,					azier's				
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ב	ha law ta has aga 2	ошо										1 □ Ye	s 2 No	-	Yes 201	No
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2	aftar Dire	Certification:	4 🗆 Homicide	determ	1100	building,	etc. (Specif	y)		,		City or Town				
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	To the Within To the comp	Me	29b. Signature and	d title of certifian		. , .	,		290	. Licens	e number	25	d. Date signa	d (Month, D	ay, Year)	
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1	10)		30. Name and edd	lress of person	who complet	ed cause o	death (Iten			01	+ 1	1 1	1,7			
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0		FELIPE RAMI	RES					MARIA	ALEMAN	J				
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10	1	20e. Method of Disposition			Plece of Dispos	sition (Nem	ne of)	SIL.	20c. l	ocation -	city or Tow	m, State	
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Physician/Me			d				-							
icia		Pert II. Other significant conditions	contributing to death	but not res	sulting in the un	nderivino ce	euse aive	n in Pert I.	23b. Di	d tobacc	o use con	tribute to	the cause	of death
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	/Medi		4a. Facility Name (If not it	entituding also at	and and a subsid		1/2	ne	Jan Town	Location of Deal	3/11	0770	dop
	Examir Funeral Director	er	5. Social Security Number	8. Sex	maln	e (In yrs. last i	birthday II Und Yrs. Months		If Under 24 Hr Hours Mir	1. B. Date of Bi	Chin	9. Birthplace (Lenge State or Foreign Carolina
	pu 3		Usuel Residence of Dece 10a. Stete 10b.	County		10c City To	own or Location						
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	vith the Maryland t or 28a-f show be notified at	Director	10e. Street and Number		- 80 0		10f. Z	ip Code			10g. Citizen of V	Whet Country?	
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Baltimore,	Pages 1 am nent of Healt int: If Item 2 iry or other		20a. Method of Disposition 1 Buriel 2 Cre 4 Donetion 5 0	metion 3 □Rer	novel from Stete	ceme	of Disposition (Noterly, cremetory or mony Men	other plece	•	Dete 2/6/98		city or Town, S dover,	
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P.O. E	0 0 %	Physician/M	Pert II, Other significant	conditions contri	buting to death b	ut not resulting	g In the underlying	cause give	n in Pert I.		tobacco use co	ntribute to the o	
Division of Vital Records,	aw requires is been sign 2 should be	Completed by								24e. Wer	s an eutopsy ormed?	24b. Were au evalleble complete of death	atopsy findings a prior to lon of cause ?
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vision	B 5 6	Certification:	2 Accident	Pending Investigation Could not be determined	28a. Dete of Inju (Month, De) 28e. Plece of Inju- building, etc		D. Time of Injury M , ferm, street, fector		et ? ′es 2 □ No	28f. Location	how injury occur (Street and Numb iwn, State)		te Number,
ā	in the Hospital or Attendifully 24 hours after death. In the Funeral Director: A completely filled in by the fu	edicai Cer	29e. Certifler 1	ertifying Physic	ian: To the best of	of my knowled	ige, deeth occurre and/or investigetio	d et the time	e, dete end ple Inion, death oc	ca, and due to the	cause(s) and me	enner as steted. and due to the o	ause(s)
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(2)		30. Neme end eddress of Arast	person who com oo azda			e) (Type, Print) Outhern A	Ave.,	S.E.	#202 Was			*
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State of Maryland / Department of Health and Mental Hygiene 2 8 0 5

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State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** 1:05 pm WILLIAM ELLSWORTH ADAMS JANUARY 31,1998 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** SUBURBAN HOSPITAL BETHESDA MONTGOMERY If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Security Number 7. Age (In vrs. lest birthdev) 8. Dete of Birth (Month, Day, Birthplece (Stete or Foreign Country) Days MBM 2□ F Yrs. 214-03-9410 89 MARYLAND JULY 11,1908 Usuel Residence of Decadent 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1X Yes 2 No WASHINGTON DC 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 311 MADISON ST 20011 Funeral usa 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - Amarican Indian, Bleck White etc. 1 TYes 2 □ No If Yes, Giva Year or Dates: 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yes 2 No Specify: BLACK þ 3 Widowad 4 Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) BRICK MASON PRIVATE 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Be JOHN QUINCY ADAMS MARY LITTLETON 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) DORIS A. HUNTER /DAUGHTER 311 MADISON ST N.W. WASHINGTON DC 20011 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 2-6-98 LANDOVER MD 21. Signature of Funeral Service Vicensee 22. Name end Address of Fecility ALEXANDER S. POPE FUNERAL HOME 5538 MARLBORO PIKE FORESTVILLE MD 20747 23a. Part I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart feliure. List only one ceuse on each line. Approximeta Interval Betw Immediate Ceuse (Final diseese or condition resulting In deeth) Examiner Sequentielly list conditions, if eny, leeding to immediete cause. Enter Underlying Ceuse (Diseese or Injury lhet initiated events resulting In deeth) Lest Due to (or es e consequence of) Physician/Medical Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably Unknown by 24b. Were autopsy findings evellabla prior to completion of causa of deeth? Completed 24e. Wes en eutopsy performad? 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation 1- Naturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.
2 Madical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end menner steted. 29a. Certifler Medical 29b. Signature and title of 29c. License number 29d. Data signed (Month, Dey, Year)

32. Registrer's Signeture

the Studen Randell

State Registrar

10 9/1

Funeral

Director

7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

Baltimore, Maryland 21215-0020

permit. Pages I and 2 should be filed within Depertment of Health and Mental Hygiene. Important: If I flam 27 is marked other than any injury or other traumetic.

Physician /Medical

Examiner

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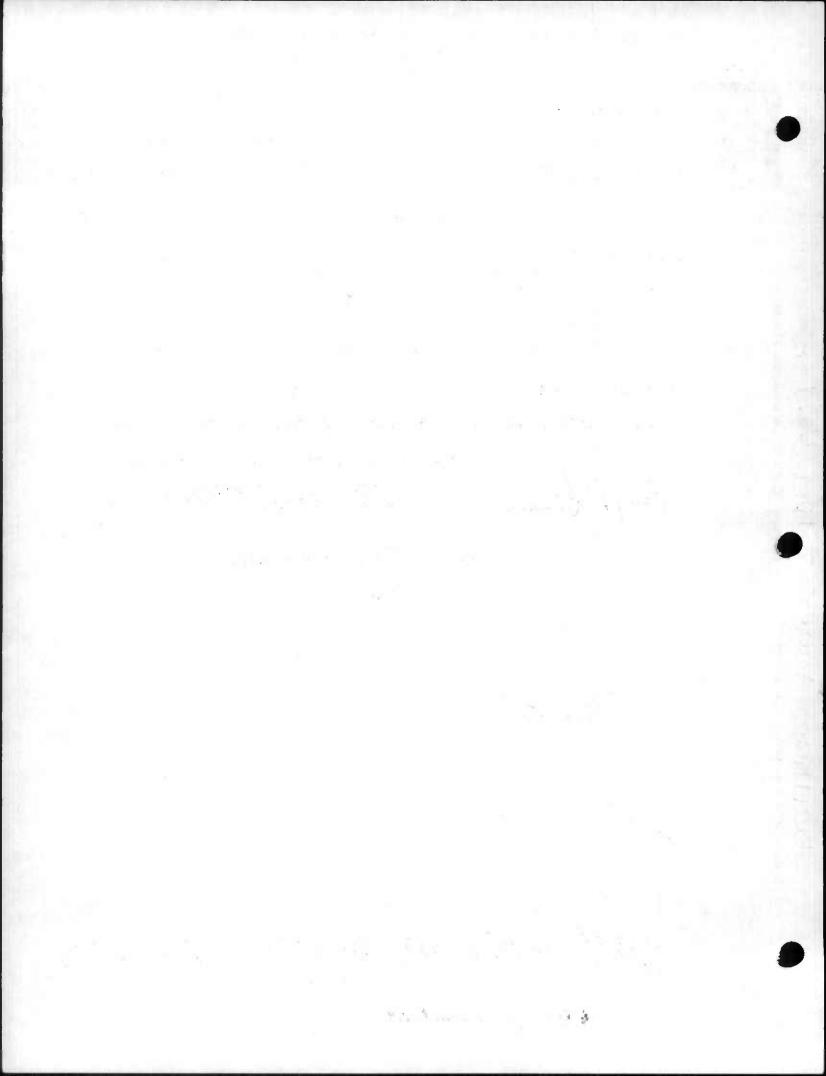
After

offer death Director: A

To the Hospital within 24 hours 8 To the Funeral Completely filled

Hospital or Attanding Physician:

death.



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Nama (First, Middla, Last) 2. Date of Death 3. Time of Death FEBRUARY 16,1998 WILLIAM FREDERICK AL DERTON 1:40 PM 4b. City, Town, or Location of Death 4c. County of Death 4e Facility Nama (If not institution, give street end number) MONTGOMERY GENERAL HOSPITAL MONTGOMERY OLNEY If Under 24 Hrs. 8. Data of Birth Hours Min. 0 Cloth, Day, Year) 5. Social Security Number If Undar 1 Yaar 9. Birthplace (State or Foreign 6 Sev 7. Age (In yrs. lest birthdey) Months 12 M 2□ F Days MARYL'AND 212 14 5893 80 Yrs Usual Residence of Decedent 10c. City, Town or Location GAITHERSBURG 10d. Inside City Limits MONTGOMERY 1. Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 105 NORTH SUMMIT AVENUE 20877 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Naver Married 2 17 Married 1 □ Vas 2 No Specify: Specify: WHITE 3 Widowed 4 Divorced 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest greda completed) 18a. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) MECHANIC HARDWARE STORE 18. Mother's Name (First, Middle, Maiden Sumema) 17. Father's Name (First, Middle, Last) JOHN FRANKLIN **ALDERTON** MAMIE CORDELIA BURRISS 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) CATHERINE E. ALDERTON, WIFE 105 N. SUMMIT AVENUE, #4, GAITHERSBURG, MD. 20877 20b. Place of Disposition (Neme of cemetery, cremetory or other pl 20c. Location - City or Town, Stata 20a. Method of Disposition Date 1 Burial 2 □ Cremation 3 □ Removal from State BURTONSVILLE UNION 2/20/98 BURTONSVILLE, MD. 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility MURIEL H. BARBER FUNERAL HOME 21. Signature of Funeral Service Licenses P.O. BOX 5038, LAYTONSVILLE, MD. 20882 23a. Part1. Enfer the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Applications are complications and caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Applications are cardia win Approximate Interval Between Onset and Death immediate Cause (Finel · CEREBROVASCULAR disease or condition resulting in death) Due to (or es e consequence of) ATHEROSCLENOTIC VASCULAN DISEMSE Due to (or as e consequence of): Due to (or es a consequence of) Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown 24b. Were eutopsy findings available prior to 24a. Was en eutopsy complation of causa of deeth? 1 ☐ Yes 2 ☐ No 1 Yes 26. Place of Death (Check only one)

Physician /Medical Examiner

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To the Hosp within 24 hou To the Fune completely fi

or Attending Physician:

death cartificete be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

Completed

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Certification:

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Physician

/Medical

Examiner

MD.

Directo

Funeral

þ

Completed

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Med cal Examinor must be notified as

the Maryland

with

filed within 72 hours aftar death

Hygiena.

permit. Pages 1 and 2 should be file Department of Health end Mental Hy important: If Itam 27 is marked othe any Injury or other traumatic event, BDEs.

altimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immadiate cause. Entar Underlying Ceuse (Disease or Injury that Initiated events resulting in death) Last

HYPERPENSION CHRONIC RENAL INSUPPLICANT

CORONARY ARRENT DISEME 25. Was cese referred to medical axaminer? 1 Yes 2 No

5 Pending investigation 6 ☐ Could not be determined

Hospital: 1 Inpatiant 2 □ ER/Outpatient 3 □ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

M.D

1 Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

29a. Certifie (Check only one)

27. Menner of Deeth
1 Natural
2 Accident

3 ☐ Suicide

4 - Homicide

Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, and due to the ceuse(s) and manner es stated.

I Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and plece, and due to the cause(s) and menner stated.

29b. Signature and title of Cartifier tensenboum

FEB 20

29c. License number 727886

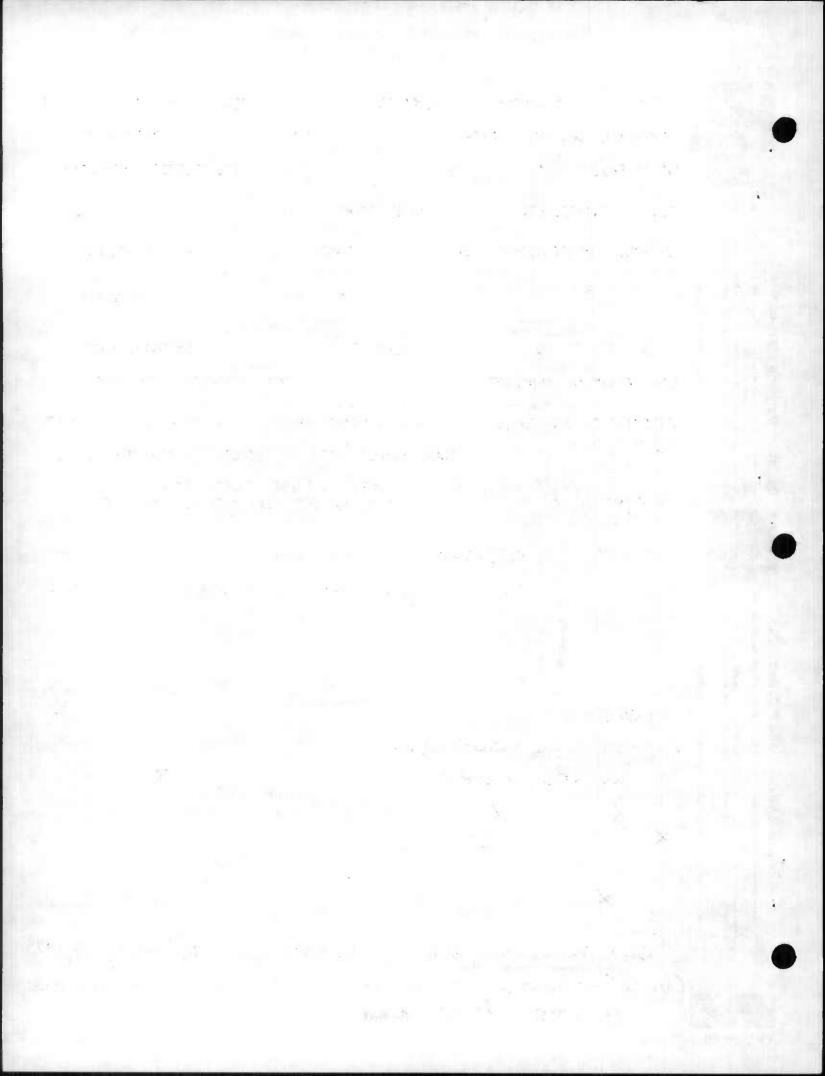
29d. Date signed (Month, Day, Year)

30. Name and eddress of person who completed cause of Baeth (Item 23a) (Type, Print)

60 C S (ANGURALIN NA 6116 C)

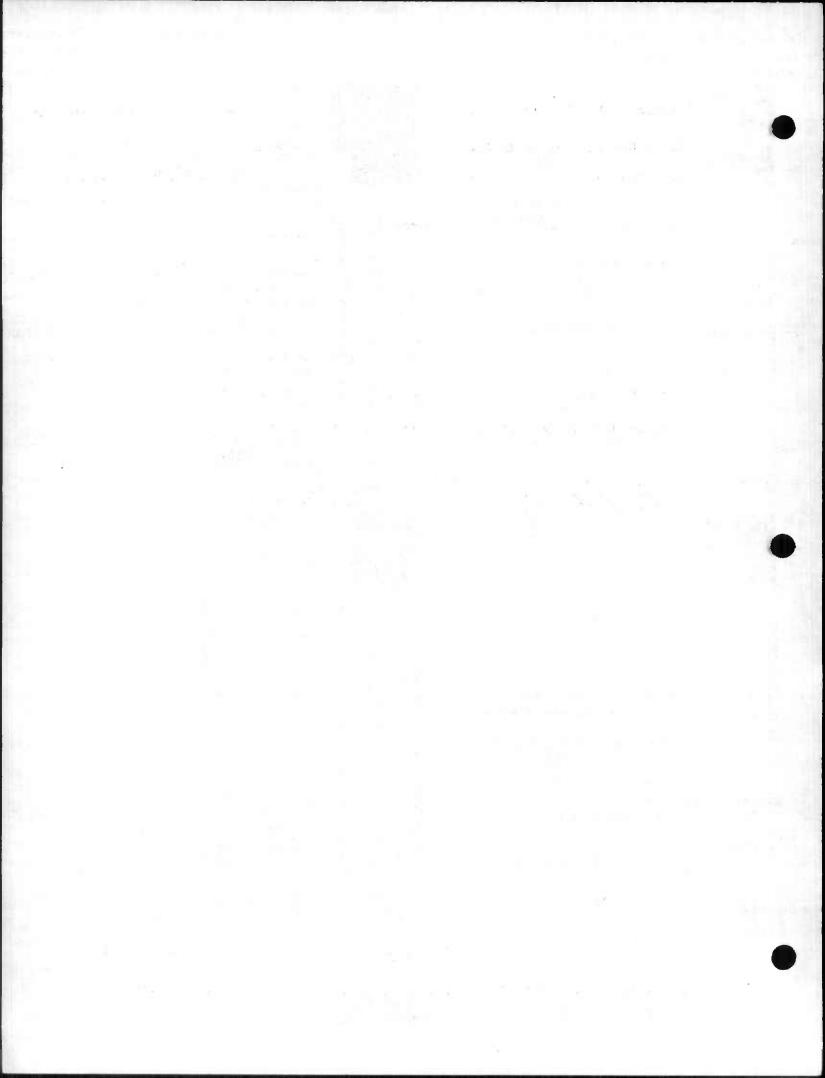
32. Registrar's Signeture GIIG EXECUTIVE BOULEVARD # 155 ROCKVILLE, MARTIND 20852 ulia Davidson

State Registra



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	1	. Decedent's Neme (First, Middle	n (oct)		Cer	tificat	e of	Death	2. Dete of I	Reg. No.		3. Time of Death
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uneral		. Sociel Security Number	6. Sex		. lest birthday)	If Under	r 1 Year	If Under 24 Hr	s. 8. Dete of E			ce (Stete or Forei
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To the Funeral Director: After this certificate in completely filled in by the funeral director, page Medical Certification: To Be Com		3 Sulcide 6 Could determ	ined 288. Pieci	e of fnjury - At h ing, etc. (Speci		eet, fector	y, office		28f. Location City or 7	(Street end Num own, Stete)	ber or Rural I	Route Number,
Funera tely fills fical (2	29a. Certifier i Certifyin (Check only one) Medical	g Physician: To the Examiner: On the b	asis of examine	owledge, deeth etion end/or inv	occurred estigetion	et the tin	ne, dete end plea pinion, deeth occ	ce, end due to the	e ceuse(s) end m	enner es stet end due to ti	ted. he ceuse(s)
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0	M	0. Neme end eddress of person Sachdev, M.D Dete filed (Month, Dey, Year) FFR 0 5 199	., 322 E.		Avenue		th E	ast, MD	21901	410-28	37-557	0



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physiclan** Month Anita Trejo Van Buskirk February 3, 1998 8:30AM /Medical 4e. Fecility Neme (If not institution, give street end number)
Prince George's Hospital 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Cheverly Prince George's If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 7. Age (In yrs. lest birthday) 73 Yrs. 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** 10 M X F Director 525448978 Usuel Residence of Decedent May 9, 1924 New Mexico 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow 7 is marked other than "naturel", or items 23s or 28s-f shor traumstic svent, the Medical Examiner must be notified at 1 Yes 2 No Director Maryland Prince George's Forestville 10e. Street end Number 10g. Citizen of Whet Country? 2116 Glendora Drive 20747 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 TO Yes ZN No Specify N/A Specify: American by 3 Widowed 4 Divorced 16b. Kind of Business industry Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest g completed) U.S. Government permit. Pages 1 and 2 should be filed within 7 Depertment of Health and Mental Hygiena. Important: If fern 27 is marked other than "n any filury or other traumatic avent, "In Med pinda. Elementery/Secondery (0-12) College (1-4or 5+) 12th N/A Administrative Assistant Secretary of Commerce 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Juan Trejo Manuela Gamez 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 2116 Glendora Drive Forestville, Maryland 20747

20b. Pleca of Disposition (Name of cametery, cremetory or other pleca)

Feb. 7. Van Buskirk (Husband) 20e. Method of Disposition Feb. 7 Burial 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 1998 Brentwood, Maryland 22. Neme end Address of Fecility 21. Signeture of Funeral Service License Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Part 1. Enter the disease, or complications that orders shock, or heert feilure. List only one ceuse classifications. death. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximete Intervel Between Onset end Deeth **Physiclan** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Regisatory The law requiras that the death certificata be axecuted Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest and Box 68760. physician Physician/Medicai the Due to (or es e consequence of 98 P.O. I Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 4 Unknown 1 ☐ Yes 2 ☐ No 3 Probably Records, þ 24b. Were eutopsy findings eveileble prior to Completed 24e. Was en eutopsy completion of cause of deeth? cete has i 1 ☐ Yes certificete 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: director, Be 25. Wes case referred to medical 26. Plece of Death (Check only one) exeminer? 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) To 1 Dopatient 2 ER/Outpetient 3 DOA this funeral 28e. Dete of injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. injury et Work? Certification: 28d. Describe how injury occurred After 5 Pending investigation Neturel 1 ☐ Yes 2 ☐ No within 24 hours aftar deeth.

To the Funeral Director: A completely filled in by the fi 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Tertifying Physician: To the best of my knowledge, deeth occurred et the time, date end pieca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piaca, end due to the cause(s) end menner steted. 29e. Certifier edicai 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dev. Year)

9470 Annapolis Road #309 Lanham, Mayland 20706

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State

Registrar

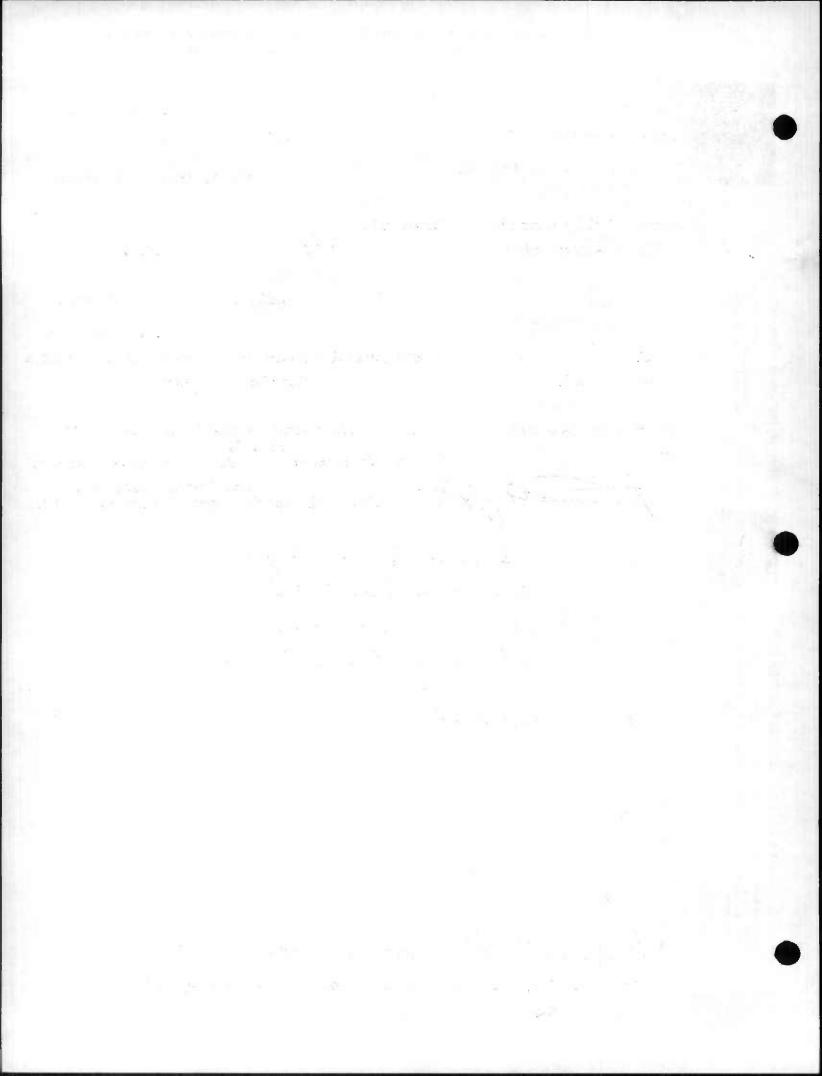
30. Neme end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

32. Registrer's Signature

Herman C. Gist, Jr.

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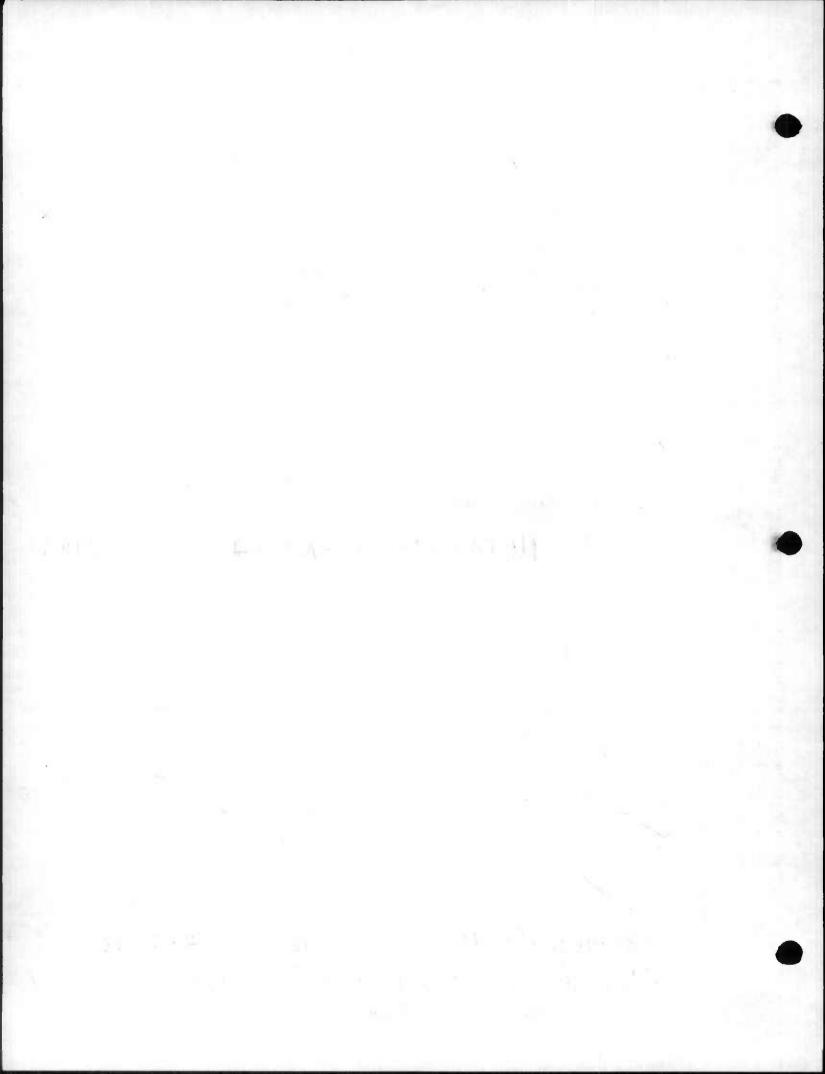
31. Dete filed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth 3. Time of Deeth **Physician** Pauline Virginia Baird February 3, 1998 12:40 pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 5190 W. Feeser Road Taneytown Carroll 5. Sociel Security Number If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. lest birthday) **Funeral** 8. Dete of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) 1□M 200 F Deys Hours Yrs **Director** 215-20-9224 71 Virginia July 11, 1926 Usual Residence of Decedent the Maryland show 10a, Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylai Department of Heatilt and Mentel Hygiens. Important: If Item 27 is marked other than "neturel; or items 23e or 28s-f show any Injury or other traumatic event, its Macical Example must be confirmed. MD Carroll Director Taneytown 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 5190 W. Feeser Road 21787 United States Funeral Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, spacify Cuben, Mexican, Puerto Rican, etc.) 11. Maritei Stetus 14. Race - American Indien, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No þ 3 ☑ Widowed 4 ☐ Divorced Specify White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Clerk Christian Book Store 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be 2 Willie Linwood Thomas Alice Cornett 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles T. Baird, son 5190 W. Feeser Rd., Taneytown, MD 21787 20b. Pleca of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 02/06/98 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Evergreen Memorial Gardens Finksburg, MD 21. Signeture of Funeral Servica Licansee 22. Parrant Address Heral Home & Chapel 412 Washington Rd., Westminster, MD 21157 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feliure. List only one cause on each line. **Physician** 2 OM /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner ician end buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician the buriel Box 68760. Physician/Medical Due to (or es e consequenca of): 98 USB for signed by the e P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. by should I 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24e. Wes an autopsy performed? page 2 hes 1□ Yes 2 100 1 Yes 2 No certificate Division of Vital or Attending Physician: director, Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA 1 Yes 2 No Other: 4 ☐ Nursing Home 5 M Residence 6 ☐ Other (Specify) Certification: To this funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Death 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After 1 Naturel 5 Pending investigation efter death. 1 Tyes 2 No 2 Accident the 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 6 4 Homicide filled in 24 hours e Hospital 29a, Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted. Medicai completely 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) end menner stated. (Check only one) To the within 2 title of certifier 29b. Signature 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Poole Rd. Westminster, MD 21157 lavio 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature State Malin Develor Redell FEB 06 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Date of Death 3. Time of Deeth Day **Physician** Bechto1 February 6, 1998 12:00 am /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 9760 Elm Lane LaPlata Charles If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 8. Date of Birth (Month, Dey, Year) April 19, 1913 5. Social Sacurity Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 10 M 2□ F Months Yrs 211-03-2646 84 Pennsylvania Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Nas 2 No Directo Maryland Prince George's Berwyn Heights 10e. Straat and Number 10f. Zio Code 10g. Citizen of What Country? 5609 Seminole Street 20740 U.S.A. Funera 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritai Stetus Bleck, White, etc. 1 ☐ Yas 2 📉 No If Yes, Giva 1 Never Married 2 Married 1 Yas 2 No Specify: Specify: White þ 3 Widowad 4 ☐ Divorced Yaar or Dates: Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) Technical Engineer Radio 17. Father's Name (First, Middle, Last, 18. Mother's Name (First, Middle, Meiden Surneme) John M. **Bechtol** Birdie Domer 2 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Judith Benson - Daughter 6406 Ory Bridge Court, Lisle, Illinois 60532 20b. Plece of Disposition (Nema of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete Dete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 2/07/98 Metropolitan Crematory Alexandria, Virginia 22. Name and Address of Facility
Francis Gasch's Sons Funeral Home, P.A.
4739 Baltimore Avenue, Hyattsville, MD 21. Signeture of Funeral Service Licensee d 20781 23a. Part1. Enter the disaase, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fellure. List only one ceuse on each line. EMBOLISM Immediata Cause (Final disaase or condition resulting in deeth) <6 hrs PUZMONARY Due to (or es e consequence of): Physician/Medical Examiner BLADDER CARCINOMA. INVASIVE Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last C4570 ProstATEGTOMY RADICAL POST STATUS Due to (or as e consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? CORONARY 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown ARZERY by 24a. Was en eutopsy 24b. Were autopsy findings available prior to completion of causa of deeth? Completed 1 Yes 2 No 1 ☐ Yas 2 ☐ No 25. Was cese referred to medicel examiner? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of injury 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturei 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not ba 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edicai 29a. Certifier TSCertifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(a) end manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date end piece, and due to the cause(s) and menner stated. 29b. Signature and titla of certifier 29c. Licanse number 29d. Data signed (Month, Day, Year) h Lalut 39257 February 6, 1998 30. Neme worlddress of person who completed cause of death (Item 23e) (Type, Print) Jonathan L. White, M.D. 2101 Medical Park Drive #200, Silver Spring, MD 20902-4090

Registrar

Funerai

Director

r than "natural", or items 23s or 28s-f show the Madical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or iten any injury or other traumatic event, are Macinal Examin

Physician

/Medical

Examiner

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Division of Vital

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Hospital

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3altimore, Maryland 21215-0020

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FEB 09 1998

31. Dete filed (Month, Day, Year)

32. Registrar's Signature - Borke

State of Maryland / Department of Health and Mental Hygiene o

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/Medica	_			еу		th Oit. Town		ary 2, 199	
Examine	er	4e. Fecility Neme (If not institution, give street end n	rumber)			4b. City, Town, or		4c. County of E	Deeth
		9256 Cherry Lane #23				Laure			e George's
Funeral		5. Social Security Number 6. Sex	7. Age (In yı	rs. last birthdey)	If Under 1 Year Months Deys			th 9.	Birthplace (Stete or Fore Country)
Director		579-38-6709 1 ¹ X ^M 2 ^O F		66 Yrs.			Mar. 1		Wash., D.C.
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the short		10a. Stete 10b. County	10c. (City, Town or Lo	ocation				10d. Inside City Lin
- T	S.	Maryland Prince George	s		Laure1				1.□ Yes 2□
1 28	<u>a</u>	10e. Street end Number			10f. Zip Code			10g. Citizen of When	Country?
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rearn with the Maryland	ers		cedent Ever in	U.S. 13.1			Specify Yes or No		American Indien,
	Funeral Director	Armed I	cedent Ever in Forces?	10.	If Yes, specify Cut	Hispanic Origin? (ben, Mexican, Pue	nto Rican, etc.)	Bleck, V	Vhite, etc.
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natural, or its	Ď.		Detes:						Black
a di	Completed	15. Decedent's Education (Specify only highest grade completed	1)	16e. Deced	dent's Usuel Occu kind of work done	petion during most of wo ed)	orking	16b. Kind of Busine	ess/Industry
then the Max	d l	Elementery/Secondary (0-12) College	(1-4or 5+)	life.	DO NOT use retire	ed)			
Hygie ther th	5	12th			Truck	Driver		Pr	ivate
d off	e n	17. Fether's Neme (First, Middle, Last)				18. Mother's Na	me (First, Middle,	, Meiden Sumeme)	
end Mental s marked o sumatic eve	0	Eugene Lawrence Bea	asley				Edna Pet	erson	
N pu		19e. Informent's Name/Reletionship (Type, Print)		19b. Mailir	ng Address (Stree	t end Number or F	Rural Route Numb	er, City or Town, Ste	te, Zip Code)
27 Is		Irene M. Beasley/Wife			6 Cherry		23, Laur		0708
Department of Health and Mental Hygiena. Inportment: If Itam 27 is marked other than "natural; Iny injury or other traumatic event, the Maccal Exp	-	20a. Method of Disposition	20h	. Plece of Dispo	sition (Neme of		Date	20c. Location - City	or Town State
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ortant: ortant: injury		4 ☐ Donetion 5 ☐ Other (Specify)		Lee's	Cremator	У	2/5/98	Clin	ton, MD
Department Important: I any injury o		21. Signature of Funeral Service Licensee	1	22	2. Name end Addr	ess of Fecility	Stowart	Funeral H	lomo
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AMENDED#24a.Per Dr. PGC 2-12-98 cr State of Maryland / Department of Health and Mental Hygiene AMENDED #1 per. R. H. DEE 2/6/98 ELM PGCHD Certificate of Death

1. Decedent's Nama (First, Middle, Last) 2. Date of Death **Physician** SR. JANUARY WILLIE EDWARD 26, 1998 4c. County of Death 3:50 Pm BATES /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death **Examiner** WASHINGTON ADVENTIST HOSPITAL If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) Takoma Park Montgomery 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** Birthplace (Stata or Foreign Country) 15€M 2□ F Yrs. Director 229-62-0192 Bowling Green, VA Usual Residence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 √Yas 2 No Director Maryland Prince George's Hyattsville 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 5800 Queen Chapel Road, #4 20782 United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian Black, White, atc. 11. Marital Status 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☑ Divorced Black Completed 15. Decedant's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry filed within Hygiena. College (1-4or 5+) Elamantary/Secondary (0-12) Folk Lift Driver 10 Private other permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy important: If Nem 27 is marked other any Injury or other traumatic avanta 17. Fathar'a Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maidan Surname) William Henry Bates, Jr. Mary Hausie Buchanan 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Brenda Bates - Daughter 219 Lakeside Drive, #102, Greenbelt, MD 20770 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) HARMONY MEMORIAL PARK 1/30/98 Landover, MD 21. Signature of Funeral Service Licens 2. Nama and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N. E., Washington, D. C. o disease, or complications that caused the death. Do not enter the mode ot dying, such as cerdiac or raspiratory arrest, failure. Ust only one cause on each line. Approximata intarval Between Onset and Death **Physician** /Medical Immediate Cause (Final a. Right Basal Gaughia

Due to (or as a consequence ot): disease or condition rasulting in death) Examiner Examiner LINI CONTROLLEC

Due to (or as a consequence of): be axecuted physician and as the buriel-trans Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 68760, Physician/Medical Dua to (or as a consequance of): Box P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITIES Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy MSufficiency completion of cause of death? - Yes 2 No LIVER FUNCTION certificate 1 ☐ Yas 2 ☐ No ABNORMAL
25. Was casa reterred to medical axaminar? Division of Vital tal or Attending Physician: T rs aftar death. al Director: After this certificat led in by the funeral director, pa Be 26. Placa ot Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No 28c. Injury at Work? 27. Manner of Death 28b. Time of 28d. Dascribe how Injury occurred 5 Pending Invastigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be datarminad 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, tactory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aff To the Funeral DI completaly filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifier edicai

29c. Licansa number

D21691

8830 CAMERON St. Ste. 207, S.1. Spg. - ms. 20910

29d. Date signed (Month, Day, Year)

JANUARY 26, 1998

Registrar

(Check only one)

29b. Signature and titla a contriber

R. H. DEE M 31. Date tiled (Month, Day, Year)

FEB 02 1998

30. Name and addrass of person who completed ceusa ot death (Item 23a) (Type, Print)

Juli Denkear Ra

32. Registrar's Signatura

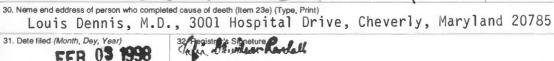
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State of Maryland / Department of Health and Mental Hygiene 0.0

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th with th	Funeral Director	10e. Street end Number 10411 Basil Drive			10f. Zip 20	Code 1623			U.S.A		
- P # E	þ	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Wes Decedent Evanmed Forces? 1 Yes 2 X Notif Yes, Give Yeer or Detes:		13. Wes Deced			(Specify Yes or Netro Rican, etc.)	o- 14. Rad Ble Specif	ce - Americen Ir ck, White, etc. Black	
within see.	Be Completed	15. Decedent's Educe (Specify only highest grede Elementery/Secondary (0-12) 12th	otion completed) College (1-4or 5+	16a	a. Decedent's Usua (Give kind of wor life. DO NOT us Truck			vorking	16b. Kind of B	usiness/Industr	у
iryland 2 should be filed and Mental Hygia merked other imatic event, it	To Be	17. Fether's Name (First, Middle, Last) John Brooks					18. Mother's N Hest	lame (First, Middle er Smith		ne)	
		19e. Informent's Name/Relationship (Type Frances Brooks/Wi			b. Mailing Address 10411 Bas						
Baltimore, lamit. Pages 1 en Department of Healt mportant: if item 2 mys lajury or other nos.		20e. Method of Disposition 1 💆 Buriel 2 □ Cremetion 3 □ Re 4 □ Donetion 5 □ Other (Specify)	movei from State		of Disposition (Namery, cremetory or of Disposition (Namero) or of Disposit			02/06 1998		- City or Town. er, Mar	
Baltim parmit. Pa Departmen Important: any Injury.		21. Signefure of Funerel Service Licensee	2 +		J. B.	JENI and	ss of Facility (INS FUI	NERAL HON	ME Over Ma	rvland	20785
Physiclan /Medical Examiner	ı	23e. Pert1. Enter the disease, or complice shook, or heart failure. List only one Immediate Ceuse (Final disease or condition resulting In deeth)	degi	mi	not enter the mode	e of dyir	dyfu	liec or respiretory e	yrdd G	W W	proximete ervel Between eset and Deeth
Box 68760, eath certificate be executed attending physicien and for use as the buriel-transit	In/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury thef initieted events resulting in deeth) Lest		,	consequence of):						
P.O.	Completed by Physician/M	Part II. Othersignifficant conditions contr	buting to death but	not resulting	in the underlying or	Y A	faut Taut		tobacco use co Yes 2□ No	ontribute to the	causa of death
Rec le law has b	ompleted	funeal of	min	W	dan	yt	yene	pen	s an autopsy omied?	evalleb comple of deet	eutopsy findings ble prior to etion of ceuse th?
of Vita Physician: this certific	To Be	25. Wes case referred to medical exeminer? 1 Yes 2 Ho 27. Manner of Deeth	1 Limpation			000	er: 4 🗆 Nursing	Death (Check only Home 5 Res	one)	ner (Specify)	
Vision Attending or death. ector: Afte	Certification:	1 Neturel 2 Accident 3 Suicide 4 Homicide	28a. Dete of Injury (Month, Dey) 28e. Piece of Injury building, etc.	y - At home, f	Injury M arm, streef, factory		k? Yes 2□No	28f. Location	(Street end Num.		oute Number,
Hospit 24 hour Funera	edicai C	29u. Certifier 12 Certifying Physics 2 Madicel Examine									
omple omple	Me	29b. Signature and title of certifier	111	م م ا			e number		29d. Date signe	Month, Day,	Year)

State Registrar

31. Dete filed (Month, Dey, Year) FEB 03 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0/10 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Date of Deeth 3 Time of Death **Physician** 11:80 AM BUTLER, JR. FEBRUARY RAYMOND L. /Medical 4e. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** DOCTORS HOSPITAL LANHAM PRINCE GEORGES If Undar 1 Yaar | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) Birthpleca (Stete or Foreign Country) **Funeral** Days Months 1⊠M 2□ F Hours Yrs. Director 215-36-7309 57 OCT 27, 1940 Wash., D.C. Usuel Residence of Dacedent 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 □ No Directo Maryland Prince Georges Seat Pleasant 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1002 Booker Drive 20743 United States Funeral 12. Was Decedent Evar In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, atc. I X Yes 2 □ No If Yes, Give Yaar or Detes: 63–69 1 Navar Married 2 Married 1 ☐ Yes 2 No by Specify: Black 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working lifa. DO NOT use retirad) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Mail Clerk Federal Government 17. Fether's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumame) Be Raymond L. Butler, Sr. Lenora Davis 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Lauretta S. Butler / Wife 1002 Booker Drive, Seat Pleasant, Md. 20743 20b. Pleca of Disposition (Neme of cematery, cremetory or other plece) 20c. Location - City or Town, State 20e. Method of Disposition Deta 1X Burial 2 Cremetion 3 Removel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Maryland Nat Mem Park 2/7/98 Laurel, Maryland 21. Signature of Funerel Servica Ligensee 22. Nama and Address of Fecility ALEXANDER S. POPE FUNERAL HOMES 10 immons 5538 Marlboro Pike, Forestville, Md. 20747 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset and Deeth Immediete Ceuse (Final disease or condition resulting in death) Respiratory Failure 96 hours Dua to (or es e consequence of): Examiner Metastatic Lung Cancer l year Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Undarlying Ceuse (Disaese or Injury thet initietad evants resulting In daath) Lest Due to (or es a consequença of) Physician/Medical Due to (or es e consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Tes 2 No 3 ☐ Probably 4 ☑ Unknown þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of causa of deeth? Completed 1 Yes 2 Pt No 1 ☐ Yas 2 ☐ No Be 25. Was case rafarred to medical 26. Place of Deeth (Check only one) Othar: 4 ☐ Nursing Homa 5 ☐ Residenca 6 ☐ Other (Specify) Certification: To 1 Yas 2 No Inpatient 2 ☐ ER/Outpetlant 3 ☐ DOA 27. Manner of Deeth 28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred 28e. Data of Injury (Month, Day Year) 1 Naturel 5 Panding investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 ☐ Could not be 3 Suicide 28a. Place of Injury - At home, ferm, streat, tactory, office building, etc. (Specity) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 Homicide Configing Phyelcian: To the best of my knowledga, daath occurred et the time, dete end place, and dua to tha causa(s) end mannar es stated.

Configing Phyelcian: To the best of my knowledga, daath occurred et the time, dete end dua to the causa(s) end mannar es stated.

Configing Phyelcian: To the best of my knowledga, daath occurred et the time, dete end dua to the causa(s) end mannar es stated.

Configing Phyelcian: To the best of my knowledga, daath occurred et the time, dete end place, and dua to the causa(s) end mannar es stated.

Configing Phyelcian: To the best of my knowledga, daath occurred et the time, dete end place, and dua to the causa(s) end mannar es stated. Medicai 29a. Certifier

The law requires that the death certificate be executed P.O. Box 68760, Records, Division of Vital after death Director: To the Hospital
within 24 hours a
To the Funeral C
completely filled

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traumstic event, the Medical Examiner

5 2 should be fi h and Mental F

of Health:

= 8 Department of Important: If any injury or

Physician /Medical

Examiner

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State Registrar 29b. Signatu

31. Deta filed (Month, Dey, Year)

Thomas Bensinger,



cause of deeth (Item 23e) (Type, Print)

29c. License number

D08754

7525 Greenway Center Drive, Suite 205, Greenbelt, MD

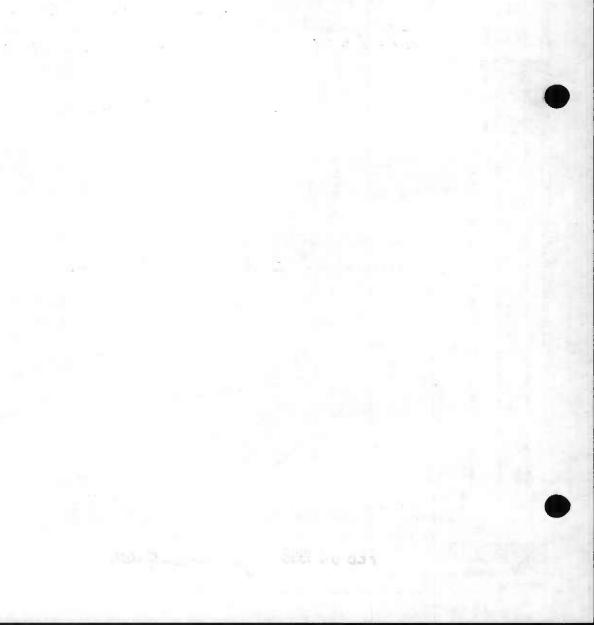
29d. Dete signed (Month, Day, Year)

February 3, 1998

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State of Maryland / Department of Health and Mental Hygiene Q

			Certifi	cate of	Death		Reg. No.	00100
1. Decedent's Name (First, Middle, L						2. Date of De Month		3. Time of Death
an Addie Ma	e Cloa	K				January		
al 4a Facility Name (If not institution, g					4b. City, Town, or			
Laurelwood Co	are Cente				EIKtON		Ceci	1
	Sex 7. Ag	e (In yrs. lest t	" crudy	Under 1 Year onths Days	Hours Min		h y, Year) 1927	9. Birthplace (State or Foreign Country)
Usual Residence of Decedent 10a. State 10b. County			wn or Locatio	n		Don't y		t0d. Inside City Limits
		ElKto	7					1 Yes 2 □ No
100. Street and Number	rive			01. Zip Code 21921			10g. Citizen of WI	1
Maryland Cec. 10e. Street and Number 100 Laurel D 11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 15. Decedent's (Specify only highest g Elementary/Secondary (0-12)	12. Was Decedent Armed Forces? 1 Yes 2 11 If Yes, Give Year or Dates:		If Yes	Decedent of I s, specify Cub res 2 2 No	dispanic Origin? (i an, Mexicen, Pue Specify:	Specify Yes or No to Rican, etc.)	Black	- American Indian, , White, etc. White
15. Decedent's I	Education grade completed)	16	a. Decedent's (Give kind	s Usual Occu of work done	pation during most of wo	orking	16b. Kind of Bus	iness/Industry
Elementary/Secondary (0-12)	College (1-4or 5	i+)	Nur		Aide		Me	edical
							Maiden Sumeme)
Herman C-	Morris				Sara	h Los	ton	
19a Informant's Name/Relationship	(Type, Print)	S-1 15	b. Mailing Ad	idress (Stree	and Number or F	Rural Route Numb	er, City or Town, S	State, Zip Code)
William H. CI	oak, Jr	JON 1	of Diagnosition	octors	Perches	Rd. Ha	Hy, UE.	19953
20a. Method of Disposition 1 ABurial 2 Cremation 3 4 Donalion 5 Other (Special Control of Control	☐Removal from State	Cerner	ery, cremator	y or other pie	ice)			Ke City, MD.
21. Signatu a god ane al Saprice Lic	ensee						ow, mD.	
23a. Part1. Enter the disease, or conshock, or heert failure. List only	mplications that ceused ly one cause on each lin	the death. Done.						Approximate Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death)	a Acut	te /l			lare			3 weeks
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b							
	C	Due to (or as	a consequent	ce or):				
resulting in death) Last	■ d	Due to (or as a	consequenc	e of):				
Te Company								
Part II. Other significant conditions Cirrhosis of 1					ven in Part I.			tribute to the cause of death? 3 Probably 4 Unknow
ted by		37100	2001			24a. Was	an autopsy ormed?	24b. Were autopsy findings available prior to
Completed						10	Yes 2 No	completion of ceuse of death?
25. Was case referred to medicel					26. Place of De	eath (Check only	one)	
examiner?	Hospital:	nt 2 ER/C	Outpatient 3	DOA OI			dence 6 Othe	r (Specify)
	28e. Date of Inju (Month, De	ry 28b	Time of Injury	28c. Inju			how injury occurre	
Accident Investigati	he	ury - At home,	farm, street,			28f. Location (City or To		or or Rural Route Number,
2 \(\text{Accident} \) Investigati 3 \(\text{Sulcide} \) 5 \(\text{Could not determine} \) 4 \(\text{Homicide} \)	building, etc	s. (Specify)						
2 \(\text{Accident} \) Investigati 3 \(\text{Sulcide} \) 5 \(\text{Could not determine} \) 4 \(\text{Homicide} \) Homicide	building, etc. Physician: To the best of aminer: On the basis of and manner ste	of my knowledge examination a						
29a. Certifier 1	building, etc Physician: To the best of aminer: On the basis of	of my knowledge examination a		gation, in my			date and place, a	
29a. Certifier (Check only one) 29b. Signature and title of certifier Wallace (O	building, etc Physician: To the best of aminer: On the basis of and manner ste Levalue	of my knowledge examination a sted.	nd/or investi	29c. Licen	opinion, death occ	curred at the time,	date and place, a	(Month, Dey, Year)
29a. Certifier (Check only one) 29b. Signature and title of certifier	building, etc Physician: To the best of aminer: On the basis of and manner ste Completed course of decompleted course of decomplet	of my knowledge examination atted.	nd/or investi	29c. Licen	oplnion, death occ se number	surred at the time,	date and place, all 29d. Date signed $02-02-$	(Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death February 07 **Physician** Patricia Ann Copenhaver 8:10 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** 108 Bayland Dr. #21 Havre de Grace Harford If Under 1 Yeer | If Under 24 Hrs. | 8. Date of Birth | Months | Deys | Hours | Min. | Feb. | 12 5. Sociel Security Number 7. Age (In yrs. lest birthday) **Funeral** Birthpiece (State or Foreign Country) 1 □ M 2 X F Months 198-26-4342 63 Yrs. 1934 Director Pennsylvania Usuel Residence of Decedent Marytano 10e. Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 28a-f show 1 ☐ Yes 2 XNo Director Maryland Harford Havre de Grace 8 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 108 Bayland Dr. #21 21078 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ XNo If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: Completed by Specify: 3 X Widowed 4 □ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Nurses Aide VA Hospital 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be 2 should be fi and Mental F Thomas Macintire Gladys Edwards 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) If Nem 27 is Ray Copenhaver/Son 64 Greenwood St. Elkton, MD 21921 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 Cremation 3 Removel from State Department of Important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) West Nottingham Cemetery 2-9-98 Colora, Maryland 21. Signature of Füneral Service Licenses 22. Name end Address of Facility R. T. Foard Funeral Home 111 S. Queen St. 23a. Pert1.)Enter the disease, or complications thet/caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fellure. List only one cause of each line. Rising Sun, MD 21911 Approximete Interval Betw **Physician** /Medicai Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Lest pue Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequença of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy has certificate 1 Yes 2 X No 1 ☐ Yes 2 ☐ No or Attending Physician: funeral director, 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth 1 2 Naturel 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending death. 1 ☐ Yes 2 ☐ No after death Director: / filled in by the 3 Suicide 6 ☐ Could not be 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 24 hours a Medical 29a. Certifior Cartifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) and menner es steted.

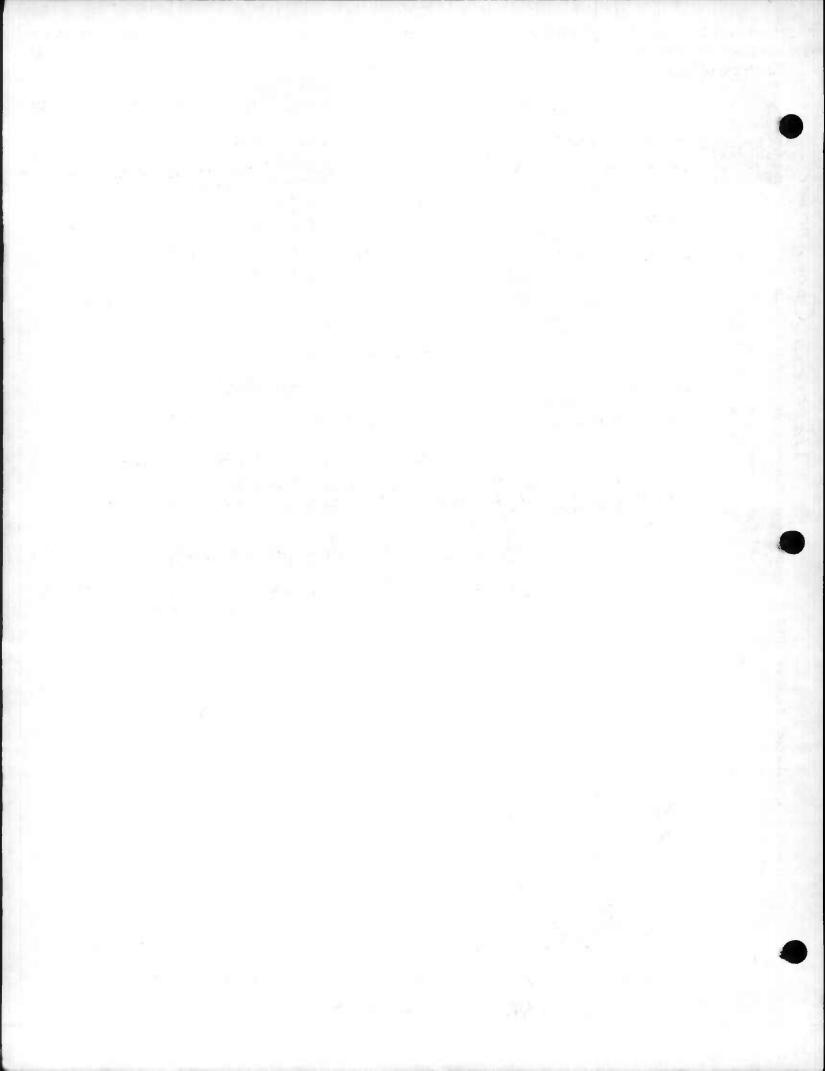
Learning Physician: To the basis of examination end/or investigetion, in my opinion, death occurred et the time, date end pleca, end due to the Examiner. On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated. To the To the To the 29b. Signature and 29c. License number 29d. Date signed (Mont), Dey, Yeer) OCHE una 30. Name end ade ess of person who completed cause of deeth (Item 29e) Type, Print) Baltimore Registrer's Signeture 31. Dete filed (Month, Day, Year) State

wha Davidson

DHMH 16 Rev 6/95

Registrar

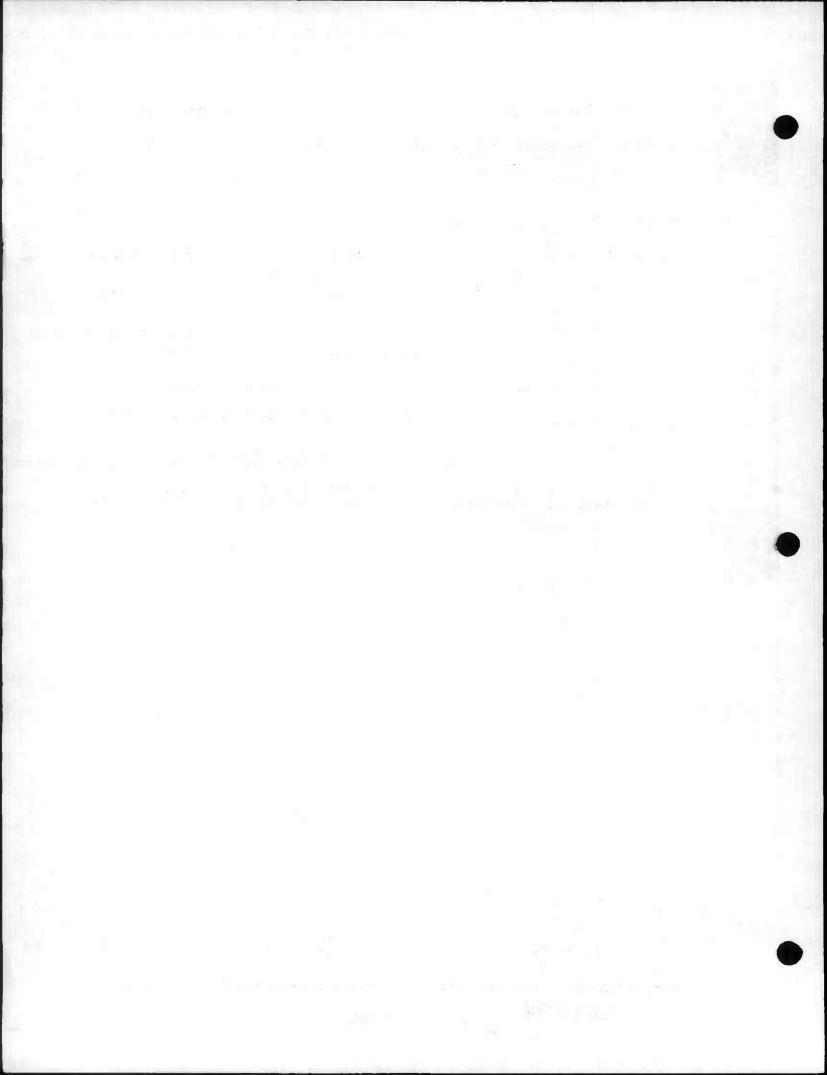
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State of Maryland / Department of Health and Mental Hygiene O O

		1. Decedent's Neme (First, Middle, L.	ast)					2. Dete of Dec		V	3. Time of Dee
Physici:	_	Charlotte Carro	ll Cloud					Month Februar	y 9, 19	Yeer 98	0100 A
/Medic		4e. Fecility Neme (If not institution, gi					4b. City, Town, or	Location of Deeth			
uneral		214-46-8105		e (In yrs. lest bii			Ikton If Under 24 Hr. Hours Mir		Cecil y, Year) 28, 194	9. Birthple Country 6 Ma.1	ce (State or For ryland
8		Usual Residenca of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Location					100	L locido Otto I li
sho ad at	5	Maryland Cecil		Elkton	ii oi Location					100	I. Inside City Li
28a-	ect	10e. Street end Number		EIKCOII	104	Zip Code			40- 00		
0 0	2	424 North Stree	_			1921			10g. Citizen of V		
Important: If tem 27 is marked other than "natural; or ferms 23a or 28a-f show any injury or other traumatic event, the Madical Examiner insist be notified at once.	by Funeral Director	11. Maritel Status 1 Never Married 3 Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:		13. Was De if Yes, s	cedent of H pecify Cub	lispanic Origin? (an, Mexican, Pue Specify:	Specify Yes or No- rto Rican, etc.)	United : 14. Reco	e - Americar k, White, et	Indien,
tural		15. Decedent's E		169	Decedent's I	Isual Occur	ation	· 1	16b. Kind of Bu	elnoee/Indu	etar
r than "ne the Medic	Completed	(Specify only highest gi		+)	(Give kind of life. DO NO		eation during most of wo d)	1	Cecil Co Education	ounty	•
othe	Bec	17. Fether's Neme (First, Middle, Las)				18. Mother's Na	me (First, Middle,	Maiden Sumem	e)	
rked tic e	ToB	Clyde S. Carrol	sr.					nnie Rea	-		
27 is ma or trauma		19a. Informent's Name/Relationship Darrell W. Cloud		19t	Meiling Addr 24 Nort	ess (Street h Str	end Number or F eet El	Aural Route Number. kton, Ma	er, City or Town, ryland	Stere, Zip C 21921	ode)
nt: If item ry or othe		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Special Control of Control		cemete	f Disposition (in property) of the control of the c	or other ple		Dete February 9, 1998	20c. Location -		
Importa any inju once.		21. Signature of Funerel Service Lica	nsee dies	C .	22. Name	end Addre	ss of Fecility	nerals, Street	_		
rsician ledical aminer	Je.	23a. Pent1. Enter the disease, or con shock, or heert feilure. List only Immediate Ceuse (Finel disease or condition resulting in deeth)	· Metos		BIL	717					pproximete ntervel Between chaset end Deat
ding physician and se es the burlel-transit	Physician/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c	Due to (or es e							
attendin for use	clan										
by the		Part il. Other significant conditions	ontributing to death bu	t not resulting in	n the underlyin	g cause giv	en in Pert I.	23b. Did t	obacco use cor Yes 2 No	tributa to ti 3 ☐ Proba	
hes been signed I ge 2 should be det	Completed by							24e. Wes perfo	en autopsy rmed?	eveil	autopsy findir able prior to pietion of cause eth?
ped	S							101	es 200No	10	res 210 No
s certificete director, peg	Be	25. Was case referred to medical exeminer?						eth (Check only o	na)		
0 0	ation: To	1 Yes 2 No 27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	Hospitei: 1 ☐ Inpatier 28e. Dete of Injun (Month, Dey	y 28b.	itpetient 3 III	28c. Injur Wor	v et	Home 5 Resid	denca 6 □Othe now injury occurr		
To the Funeral Director: After the completely filled in by the funeral	Certification:	3 Suicide 6 Could not be determined		ry - At home, fe (Specify)	rm, street, fac	tory, office		28f. Location (S City or Tow	Street end Numbern, Stete)	er or Rurel F	Route Number,
the Funer	edicai	29a. Certifier (Check only one) 1 ☐ Certifying Pl 2 ☐ Ma dicel Exe	nysician: To the best of niner: On the besis of end manner stel	examination en	dor Investigat	ed et the tin ion, In my o	ne, date end plec pinlon, deeth occ	a, end due to the ourred et the time,	ceuse(s) end ma dete end placa, e	nner as stet and due to th	ed. ne ceuse(s)
Tot	Σ	29b. Signature and title of certifier	rell in			29c. Licens	e number		29d. Date signed	(Month, De	y, Year)
)		30. Name and address of person who						D-1-	10	700	

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene 98 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Yaar Catherine E. Coleman 1998 February 0020 AM /Medical 4a. Facility Name (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** ROCKVILLE MONTO SHADY GROVE ADVENTIST HOSPITAL
Security Number 16 Sex 7 Ana (In urs. last highday) If Under 1 Year MONTGOMERY

9. Birthplaca (Steta or Foreign

7, 1914 Mass. Aga (In yrs. last birthday) **Funeral** Months Days 1□M 2√F 83 231-58-0868 Yrs. Director Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notified at 1 ☐ Yes 2 ☐ No Director Maryland Calvert Lusby 10a. Street end Number 10f. Zip Code 10g. Citizan of What Country? 20657 U.S.A 1016 Rimrock Road Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Year or Datas: Hems Was Decedent of Hispanic Origin? (Specify Yes or No If Yas, specify Cuban, Mexicen, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Bleck, White, etc. traumatic event, the Medical Examiner filed within 72 hours after 1 □ Navar Married 2 □ Married 21215-0020 ò White 1 ☐ Yes 2 ☐ No Specify: by 3XXWidowed 4 □ Divorced 'natural', Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Hygiene. Elamantary/Secondary (0-12) 12th College (1-4or 5+) N/A Homemaker Home other Maryland 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Maiden Sumeme) Pages 1 end 2 should be fill ment of Heelth and Mental Hi lant: If Itam 27 is marked oth Be Sotorpoluis Pauline Sotorpoluis Peter 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1016 Rimrock Road Lusby Maryland 20657 19a. informent's Name/Ralationship (Type, Print) Andrea L. Corbin (Daughter) other Baltimore, 20b. Place of Disposition (Name of cemetery, crematory or other place) Feb. 10 Pata 20a. Mathod of Disposition 20c. Location - City or Town, State 20 Burial 2 Cramation 3 Removal from State Depertment of important: if any injury or Washington National Cemetery Lee Funeral Home, Inc. 1998 Suitland Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funaral Service Licenses 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each lina. Approximete Interval Betwaen Onset and Death **Physician** /Medical immediata Cause (Final Labruary 7, 1998 disease or condition rasulting in death) Examiner Examiner February 7,1998 The law requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediata cause. Enter Underlying Causa (Disaasa or Injury that Initiated events rasulting in death) Last and Due to (or as a consequence of): P.O. Box 68760 Physician/Medical Dua to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown yd bengis 1 Yes 2 No Records, à page 2 should be 24b. Were autopsy findings avelleble prior to Be Completed 24a. Was an eutopsy performad? completion of causa of daeth? N/A After this certificate 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: 25. Was case referred to medical examiner? 26. Placa of Death (Check only one) Hospital Other: 4 Nursing Home 5 Residence 6 Other (Specify) 0 1 Yes 1 Impatient 2 ER/Outpatient 3 DOA funeral 27. Mann Daath 28a. Date of injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending investigation Matural after death. 1 Yas 2 No 2 Accident the 6 Could not be datamined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) filled in by 4 Homicide within 24 hours a To the Funeral C Hospital 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medical 29a, Cartifiar \$ 29b. Signatury end title of certifie 29c. License number 29d. Date signed (Month, Dey, Year)

ceusa of death (Item 23a) (Type, Print)

32. Registrar's Signature

M.D.

State Registrar

DHMH 16 Rev 6/95

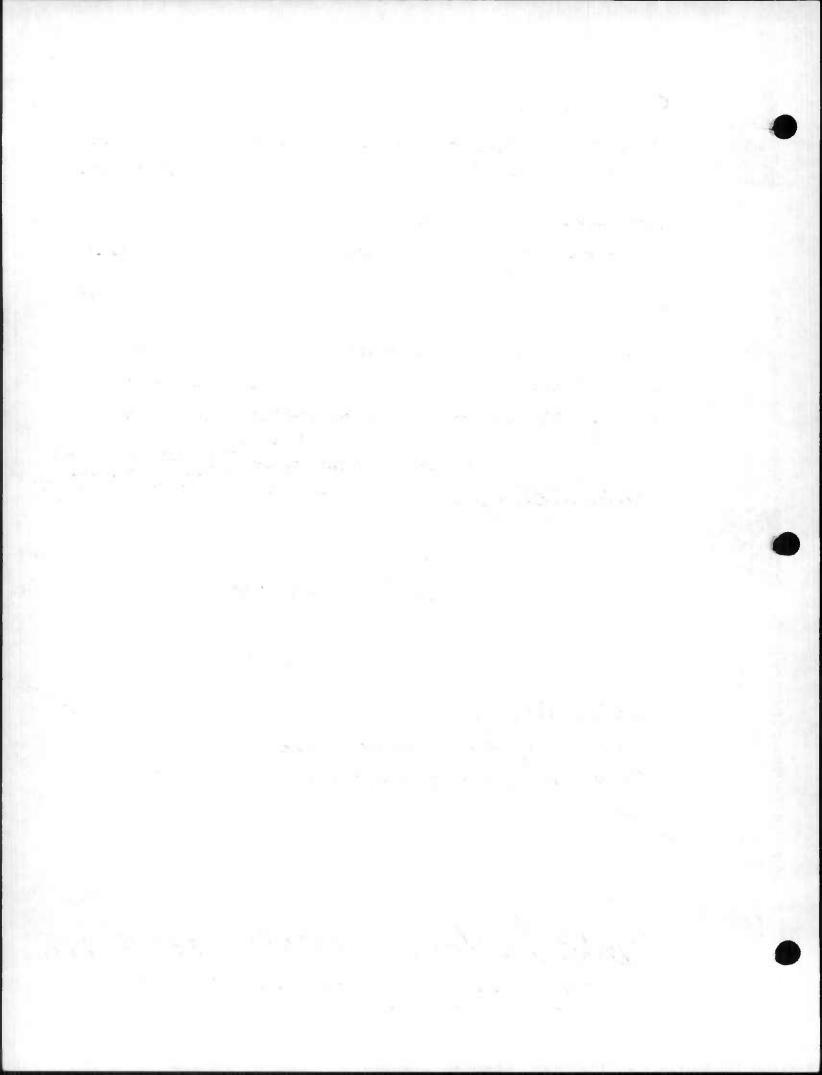
30. Name and

31. Dete filad (Month, Day, Year)

Elliot Goldstein

FEB11

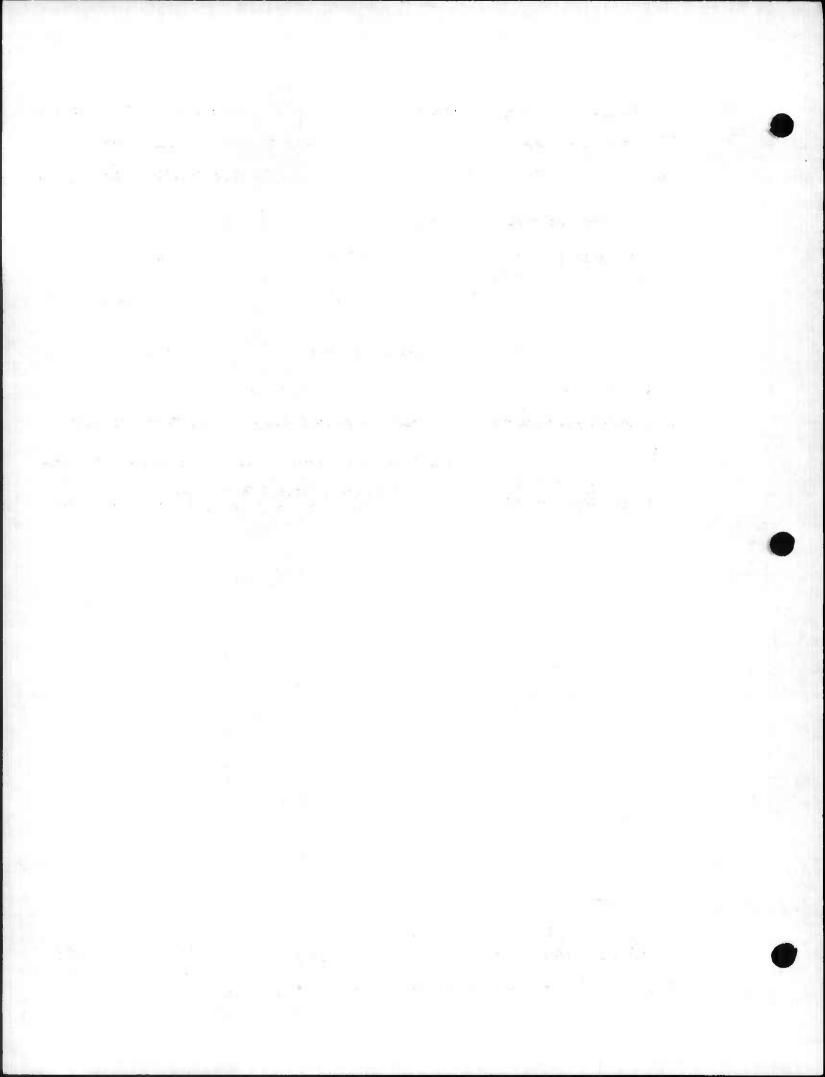
9410 Old Georgetown Rd. Bethesda MD 20814



State of Maryland / Department of Health and Mental Hygiene

					Cen	tificate of	Death		Reg. No.	Ö U	5170
Dhur	alam	1. Decedent's Neme (First, Middle, La	st)					2. Dete of De Month	eeth Dey	Yeer	3. Time of Death
Physi /Me		Robert Cu	mmings	Cherry	7			Februa		1998	5:35 am
Exan		4e. Fecility Neme (If not institution, give						r Location of Deet	h 4c. Co	unty of Deeth	
	Ц.	8625 Jacks Reef I					Laurel			e Arun	
Funera Directo		220-42-4237	Mar alle	(In yrs. last bi	rthday) Yrs.	Months Deys			rth 8 <i>y, Year)</i> 3 , 1944	9. Birth Cou Was	plece (State or Foreign intry) hington, DC
and **		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tow	m or Loc	ation					10d. Inside City Limits
(sho	5	MD Anne Ara	ındel	Laurel							1 ☐ Yes 2 ☑ No
the the	Je C	10e. Street end Number				10f. Zip Code			10g. Citizer	n of Whet Cou	**
3a or	Funeral Director	8625 Jacks Reef I	Road			20724			USA		,
death	ners	11. Maritel Status	12. Wes Decedent E	ever in U,S.	13. W		Hispanic Origin? (ben, Mexican, Pue	Specify Yes or No		Rece - Ameri	
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Manyland tith and Mental Hygiene. 77 is marked other than "netural", or hems 23s or 28s-1 show traumatic event, the Medical Eventher must be notified at	by Fu	1 ☐ Never Merried 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Yeer or Dates:	o	1	Tes, specify Cu		eno Hican, etc.)		Block, White DecifyWhit	
5-0 72 ho	ete	15. Decedent's Ed (Specify only highest gra	ducation ide completed)	16a	Decede	ent's Usuel Occu	pation during most of w	orkina	16b. Kind	of Business/Ir	ndustry
Vithin New Year	Be Completed	Elementary/Secondery (0-12)	Coilege (1-4or 5-	+) S		O NOT use retir	during most of weed)		Dubli	c Scho	ol System
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houle mark	1º	19e. Informent's Neme/Reletionship (Type Print)	198	Meiling	Address (Stree	nt and Number or F		er City or T	nwn Stete Zi	n Code)
, Ma and 2 : eaith ar n 27 is er trau		Elizabeth Cherry		T T			eef Road				
만 무료들등		20e. Method of Disposition		20b. Plece o	Dispos	ition (Name of etory or other pl	ace)	Dete	20c. Local	tion - Cify or T	own, Stete
Pages nent of l		1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specif				ln Ceme		2/7/98	Brent	wood,	Maryland
Baltimo	è	21. Signeture of Funeral Service Licer	1300 //		22.	Name end Addr	ess of Fecility				
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		23a. Pert1. Enter the se, or com shock, or heert dailyre. List only	plications that caused	the deeth. Do	not ente	the mode of dy	ing, such es cardi	ec or respiretory	Maryla errest,	nd 20/	O7-4389 Approximete
Physicia		orioon, or risortyungire. List only	Che cedae di ecci ili	0.							Interval Between Onset end Death
/Medica		Immediate Cause (Final disease or condition	Brain	Tum	0						lyeron
Examine		resulting in deeth)		Due to (or es e		ience of):					
p #	Examiner		b							i	
58760, icete be executed physician end s the burial-transit	хап	Sequentially list conditions, if any, leeding to immediate	ı	Due to (or es e	consequ	ence of):					
60 be e		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c							i	
I Records, P.O. Box 68760, The law requires that the death certificate be executed to has been signed by the ettending physician end page 2 should be deteched for use es the burial-transit	edical	resulting in deeth) Last		Due to (or es e	consequ	ence of):				1	
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cord r require been si	P							24e. Was	an eutopsy ormed?	9'	Vere autopsy findings veileble prior to
Reco	ple									Co	ompletion of ceuse I death?
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Vital I	Be	25. Wes case referred to medical exeminer?						eeth (Check only	one)		
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E fe ja	Certification:	27. Manner of Deeth 1. ■ Neturel 5 ■ Pending	28e. Dete of injury (Month, Dey	Year) 28b.	Time of injury	28c. Inju		28d. Describe	how injury o	ccurred	
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Or A or A Direct In by	erti	4 ☐ Homicide determined	28e. Pleca of Inju building, etc.	(Specify)	erm, stree	ет, тестогу, опісе			wn, Stete)	rumber or Hui	ral Route Number,
spital ours filled	0	29a. Certifier 1—Sertifying Ph	yeician: To the best of	l my knowiedos	death	occurred at the t	ime date and plac	e and due to the	cause(s) an	d manner as	stated
Divisio To the Hospital or Attendif within 24 hours after death. To the Funeral Director: A completely filled in by the to	edical	(Check only 2 Medical Examone)	niner: On the basis of end menner stat	examinetion en	d/or Inve	estigetion, in my	opinion, deeth occ	curred et the time,	dete end pl	ece, and due	to the cause(s)
To th To th	×	29b. Signeture end title of certifier	. 11				se number			igned (Month	
		Ylich live Kin	dulike	mi		1)28	509		Febru	14.5	1992
20		30. Neme end eddress of person who	completed cause of de	eth (item 23e)	(Type, P	rint)	509 Pkn, 1	11 1		173	7110
	1.50	NICHELUS ROITE	LAKES 110	65 Lify	le Pi	MUXENT	Plan, C	chumbs.	n MI	21040	4
	tate	31. Dete flied (Month, Day, Yeer)	32. Registre	r's Signature	P.	11					
Regis	trar	FFB 051	998 Juli	ST HUNDLAND	N State of the sta	alls.					

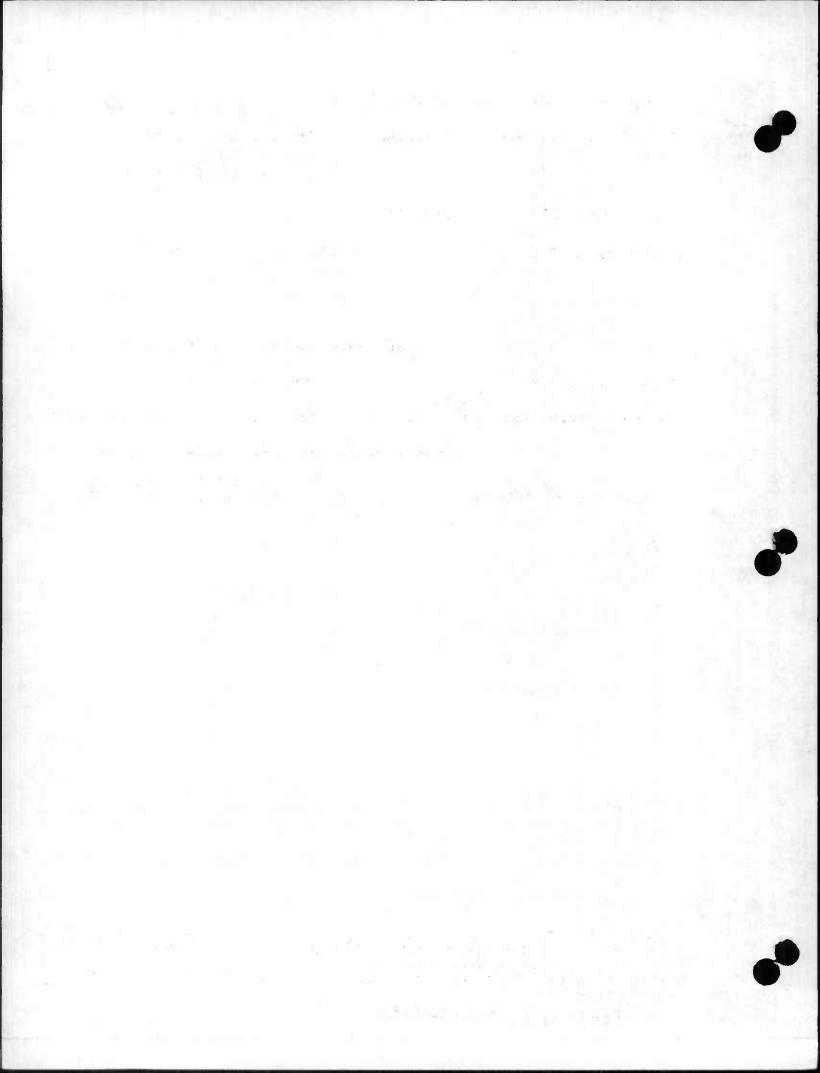
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State of Maryland / Department of Health and Mental Hygiene

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Physic /Med			ACKSON	CON	ve.	R, J	R.	2. Dete of D Month		Yeer 1130A
Exami		4a. Facility Name (If not institution, gi	ve street end number) y General	Hosp		L	4b. City, Town, or Westmin	nster	Carro	
Funeral Director			· □ · · · □ · · ·	n yrs. last bii 71		If Under 1 Year Months Days			irth ay, Year) 7 1926	Birthpiace (State or Foreign Country) NC
land w		10e. State 10b. County	11	0c. City, Tow	n or Loca	ation				10d. Inside City Limits
Mary Fersh	to	Md Carrol	.1	Sykes	vill	le				1 ☐ Yes 2√ No
ter death with the Marylan items 23s or 28s-f show her must be nothed at	ai Director	10e. Street end Number 6918 Stratford	Drive			10f. Zip Code 2178	34		10g. Citizen of USA	Whet Country?
72 hours after death with the Maryland netural', or items 23s or 28s-f show lise Examinet must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Eve Armed Forces? 1 Yes 2 No If Yes, Give Year or Dates:	er in U,S.		as Decedent of I res, specify Cub	Hispanic Origin? (S an, Mexicen, Puer Specify:	Specify Yes or N to Rican, etc.)		ce - Americen Indien, ck, White, etc. white
	eted	15. Decedent's E (Specify only highest gr	ducetion ade completed)	16a.	Deceder	nt's Usual Occup	pation during most of wa	orkina	16b. Kind of B	usiness/Industry
within ene. than	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	S			during most of wo d) engine		Md. st	ate gov't
be file that Hy d othe	Be	6 17. Father's Name (First, Middle, Las Andrew J. Conn	•				18. Mother's Na		e, Malden Sumar	
ic, inial yialing s 1 and 2 should be file f Health end Mental Hy tem 27 ia marked oth other traumatic event	To	19a. Informant's Name/Relationship Mary Catherin	(Type, Print)(friende Pearson	nd) 196	. Mailing	Address (Street Stratf	and Number or R	ural Route Numb	per, City or Town	State, Zip Code) Md. 21784
00		20e. Method of Disposition 1 Buriel 2 Cremation 3 [4 Donetlon 5 Other (Speci	Removel from State	20b. Plece of cemeter	f Disposit	ion (Name of	ce)	Dete	20c. Location	City or Town, State
permit. Page Department (Important: If any injury or		21. Signature of Funeral Service Lice				Name end Addre	ess of Facility Ha		Funeral	
that the death certificate be executed We are the death certificate be executed We are the extending physician and set ached for use as the burlet-framsit	Physician/Medical Examiner	23a. Pert1. Enter the disease, or con shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Lest	a. ACUTE Due CONON CHAONIC CHAONIC CHAONIC	M to (or as a control of the control	YOC conseque	ince of): INTERY ince of): INTERY ince of): INTERY	DIS e pur	NFANC CASE MONAN	Trow Y DISE	
at the ded by the etached	hysi	Part II. Other significant conditions	contributing to deeth but n	ot resulting in	n the und	erlying cause giv	en in Part I.			ntribute to the cause of death? 3 □ Probably 4 □ Unknow
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iclan: The	Be	25. Wes cese referred to medical examiner?					26. Plece of De	ath (Check only	one)	
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eath. or: After the fune	Certification:	27. Menper of Deeth 1 Neturel 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not be			Time of njury		y at rk? Yes 2 □ No		how Injury occur	
To the Hospital or Attentwith 24 hours after deat To the Funeral Director: completely filled in by the		4 Homicide determined	building, etc. (S	Specify)				City or To	wn, State)	per or Rural Route Number,
To the Hospital within 24 hours a To the Funeral C	edical	29a. Certifier (Check only one)	nysician: To the best of m niner: On the basis of exa end menner stated	aminetion end	deeth o	ccurred at the tinstigetion, in my o	me, dete end place pinlon, death occu	e, and due to the erred at the time,	date end piece,	enner as steted. and due to the ceuse(s)
To the To the Committee	M	29b. Signeture and title of certifier	drulpo	less	w	29c. Licens	822	1	Fe Svar	d (Month, Dey, Year)
		30. Name end address of person who NAV 14. SCHML1	AFERER N	10 0		int) 200 M	Memorial VUVIY	Avenue,	Westmin	nster, MD 2115
Sta Registr		31. Date filed (Month, Day, Year)	999 Abi da	Signeture	2 11					
HUH 16 Pay 6/0	9	FER 0 9 1	998 Jan 10 10	DENGER A	art all	1				

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** DOROTHY L. CRUMBACKER 31,1998 JAN. 6:10 PM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO. If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min.

JULY 26, 1912 MARYLAND 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Funerai 213-12-7454 1 M 2 XF 85 Months Director Usual Residence of Decedent with the Maryland 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at CARROLL CO. LINWOOD MD. 1X Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 23a or 21764 P.O. BOX 55, CLEAR RIDGE USA Funerai death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give or items Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 ☐ Married 21215-0020 1 ☐ Yes 2 X No Specify: by Specify: WHITE 3 Widowed 4 Divorced Year or Dates: 'natural' Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementary/Secondery (0-12) College (1-4or 5+) DOMESTIC CHORES HOUSEWORK 12 Baltimore, Maryland 18. Mother's Name (First, Middle, Malden Surneme) permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If flem 27 Is marked ofth any finjury or other traumatic event store. 17. Father's Name (First, Middle, Last) Be CHARLES ALBERT CRUMBACKER EMMA JANE CRABBS P 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 9701- VEIRS DR., ROCKVILLE, MD. 20850 REV.DR.REICHARD-EXECUTOR 20b. Place of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1X Burial 2 ☐ Cremation 3 ☐ Removel from State ST. PAUL'S LUTH.CEM. 2/5/98 UNIONTOWN, MD. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Facility HYSONG CO., INC. 1300- N ST., NW, WASH., DC 23e. Part1. Enter the diseese, or complication shock, or heart failure. Litt only one complications are complicated as a complex of the compl hs thet caused the deeth. Do not enter the mode of dylng, such es cardiac or respiretory errest, use on each line. Approximate Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final diseese or condition resulting in deeth) three morita Examiner Examiner Lobelan ratin or Attending Physician: The law requires that the death certificate be executed use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Due to (or as/a consequenca of) Box 68760, iding physician Physician/Medical Due to (or as a consequence of): signed by the atter d be detached for u Division of Vital Records, P.O. Part II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown þ page 2 should 24b. Were autopsy findings eveilable prior to completion of cause of death? Be Completed 24a. Wes an autopsy performed? certificate 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical 26. Place of Death (Check only one) 1□ Yes 2□ No Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA eral Director; After this filled in by the funeral d Certification: 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Maturel 5 Pending investigation death. 1 Yes 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homleide To the Hospital within 24 hours a To the Funeral D Hospital Dertifying Phyelcian: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

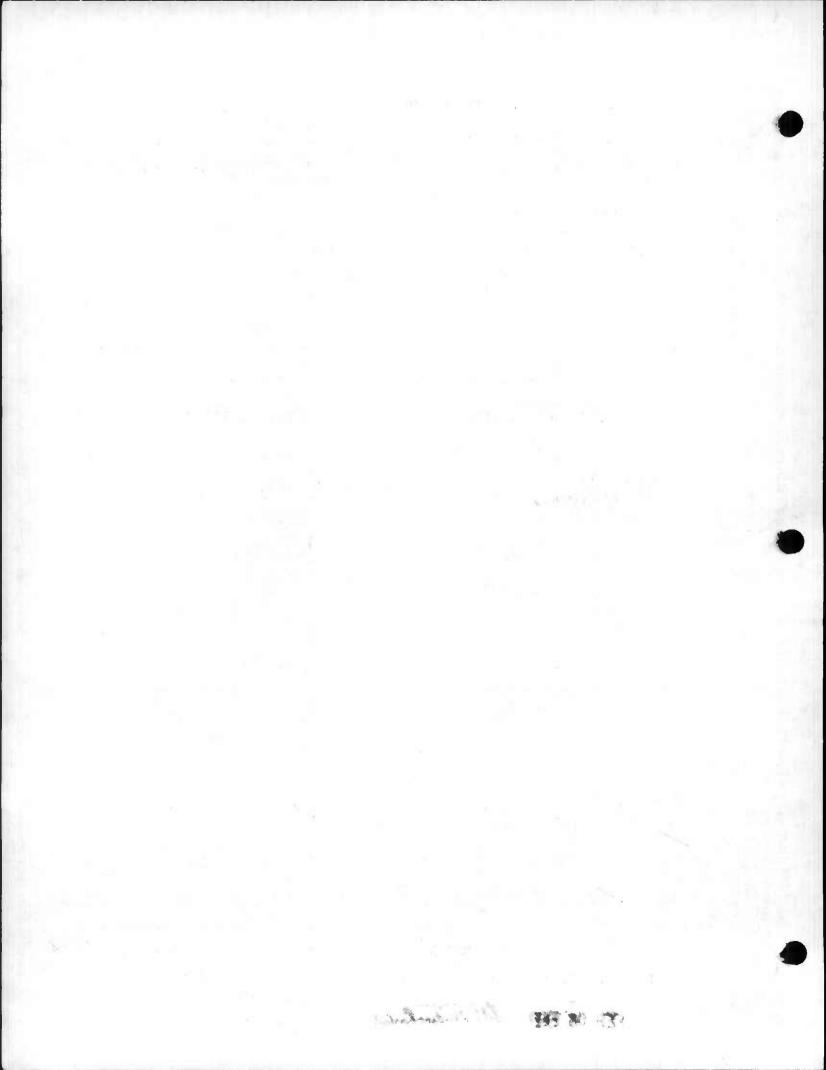
31. Date filed (Month, Day, Year) _ State Registrar

32. Registrar's Signature

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

C. SCHEMM- 9701- VEIRS DR., ROCKVILLE, MD.

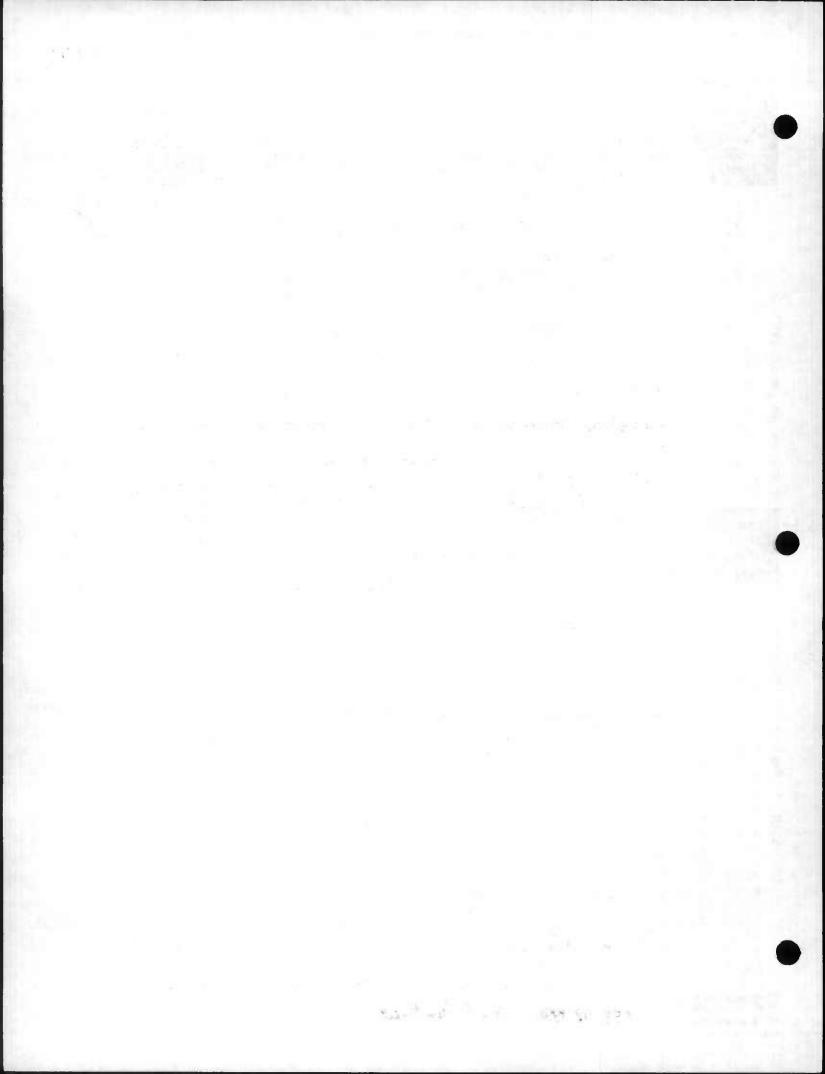
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Q

					otate of i	viai yiai		rtificate		Death	wentarri	Reg. No.	Ü	51/3
	Physic		1. Decedent's Name (First, M	iddle, Last)	K			CHI	01	Picki	2. Date of D Month	Day	Year 1998	3. Time of Death
	/Medi Examii		4a. Facility Name (If not instit	ution, give st	reet and numb	er)				4b. City, Town, or I	Location of Dea	th 4c. County		0 / 0 /-//
7	_Admi		Washington A	dventi	st Host	oital			r	Takoma Pa	rk	Montg	omerv	
	Funeral		5. Social Security Number	6. Sax	7.	Aga (In yrs.	last birthday	If Undar 1	Yaar	If Undar 24 Hrs.				lace (State or Foreign
1	Director		193-16-8092		M 200 F	7	2 Yrs.	Months D	Days	Hours Min.	Sept.	15, 1925		nsylvania
	ylend		Usual Residence of Deceden 10a. State 10b. Con			10c. Cit	ty, Town or L	ocation					10	Od. Inside City Limits
	deeth with the Meryland rms 23a or 28a-f show	Funeral Director	Maryland Prin	ce Geo	rge's	Ber	wyn He	-						Yes 2□No
	Nith to	D	10e. Street and Number					10f. Zip Co	ode			10g. Citizen of	What Coun	try?
	eth v	rai	5717 Ruatan S	-				207				U.S.A.		
020	permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Marylan Department of Haalth and Mental Hygiena. Important: if item 27 is marked other than "natural", or itams 23a or 28a-f show any folury or other treumatic evant, the Medical Examiner must be notified a once.	by Fune	11. Marital Status 1 □ Never Married 2 □ Never Married 2 □ Never Married 2 □ Divor	Married	 Was Dacede Armed Force 1 ☐ Yes 2] If Yes, Give Yaar or Date 	is? ☑ No	,5. 13.	was Daceden If Yes, specify 1 ☐ Yes 2 X		lispanic Origin? (S an, Mexican, Puart Specify:	pecity Yes or N o Rican, atc.)	Specif	ck, White, o	
0	2 hou	9	15. Dece	dent's Educa	ition	-	16a. Dec	dent's Usual C	Decup	ation		16b. Kind of B	usiness/inc	lustry
21215-0020	within 7. ene. then "n	Completed	(Specify only his Elementary/Secondary (0-1 1 2		College (1-4	or 5+)	life.	DO NOT usa i	done retire	during most of wor d)	rking	7.11		
	Hygi ther int, n	ပိ	17. Father's Name (First, Mid	die. Last)			Auc	litor		18. Mother's Nar	na (First Middle	Bankii Bankii Bankii	-	
Maryland	d be antai	o Be	Howard Klin	,									,	
2	M Me	To	19a, Informant's Name/Relat		Print)		19h Mai	ing Address (S	Street	Elizabe			State Zin	Code)
Ma	treu		Joeseph Chlop:			nd.								
a,	Haal Haal em 2		20a. Mathod of Disposition	ICKI -	nusbai	20b F	Place of Disc	osition (Neme	of		Date Date	20c. Location		and 20740 wn. State
Baltimore,	nt of nt of tr. if it		1 X Burial 2 ☐ Cramati		noval from Sta	110		matory or othe		'				
Ħ	it. Purtur		4 Donation 5 Othe	-	10	Fo		coln Co			2/03/98	Brentwo	ood, l	Maryland
Ba	Depa Impo		1 Henry	I	D		I	rancis	Ga	asch's So Imore Ave	ns Fune	ral Home	e, P.	A. D 20781
			23a. Part1. Enfarthe disease shock, or heart failure.	, or complice	tions that caus	sed tha daat								Approximate Intervel Between
	Physician													Onsaf and Death
	/Medicai		Immediate Causa (Final disease or condition		CON	GE7	TIV	E 1/E	m	OT FA	11-URE	•		5 YRS
	Examiner		resulting in death)	a.		Due to (c	or as a conse	quence of):		1./				
-	D #	ine			(0020	MAG	26 /	CTEV	24	DISE	ASE		i	SYRT.
	ecute ind trans	Examiner	Sequentially list conditions,	1 0			or as a conse	,						
0,	e ex	Ē	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	J.									i	
68760,	icete be executed physician and s the burial-transit	edicai	that initiated events resulting in death) Last	6		Dua to (o	r as a conse	quence of):						
Box 6	The law requires that the death certificate be executed the has been signed by the attending physician and page 2 should be detached for use as the burial-transit			d										
-	death e atta	Physician/N	Part II. Other significant con-	ditions contr	ibuting to death	n but not res	ulting In the	underlying caus	se giv	ren in Part I.	23b. Dld	I tobacco use co	ntribute to	the cause of death?
P.0	by the	h Š	CHKONIC U					A			1	Yes 2□ No	3 Prob	ably 4 Unknown
	os the	by	CITION/Z U	NS/K	VIIVE	12	LITION	May 1	, , ,	Ence				
Division of Vital Records,	v require been si should	Completed by	REVAL IN	COLPS	=1015	11///					24a. Wa	s an autopsy formed?	ava	ere autopsy findings
20	s be	pie	. 10/1/12	3011	101/0	11/4/							COL	noletion of cause death?
R	sicien: The law certificate has t director, page 2 s	E	DIADIT	7.5							10	Yes 2 No	10	Yes 2□ No
ta		Bec	25. Was case referred to med	lical					-	26. Place of Dea	ath (Check only	onel		
>	ysloien: The last certificate had director, page	To B	examiner?	Но	spitel:	atient 2	ER/Outpatie	nt 3 DOA	Oth	00		idence 6 Oth	ar (Specify	<i>(</i>)
0	£ £ 5		27. Manner of Death		28a. Date of I		28b. Time		Injur			how Injury occur		,
o	oth. After of fun	atlo	1 Accident 5 Pe	nding astigation	(Month,	Day Year)	Injury	М		Yes 2 □ No				
VIS	After ar dec	fici		uld not be ermined	28e. Plece of	Injury - At h	ome, farm, s	reet, factory, o	ffice			(Street and Numi	ber or Rura	l Route Number,
ā	d in the	Certification:	4 nomicide		building,	etc. (Specif	y)				City or 10	iwn, State)		
	To the Hospital or Attending Physicien: within 24 hours eftar deeth. To the Funeral Director: Aftar this certifical completaly filled in by the funeral director.	edical (29a, Certifier 1 Perti (Check only one) 2 Medi	fying Physic cal Examine	r: On the basis	s of examina	wledge, dee tion end/or i	h occurred et t vestigetion, in	the tir	ne, dete end place pinion, death occu	, end due to the erred at the time	ceuse(s) and ma , dete and place,	anner as st end due to	ated. the ceuse(s)
	To the To the comple	Me	29b. Signature and title of cer	tifier —	and manner	stateu.		29c I	lcens	e number		29d. Date signe	d (Month	Dav. Year)
	F 8		None of	K.	. 0					540				1111
	(6)		-	1-00	nd				0	- 70		1/31	170	
	(X)		30. Name and address of per-	and the										
			James /1 31. Date filed (Month, Day, Yo	Ko	NAN DE	VOC. 1	WAH 7	600 Car	rro	11 Avenu	e, Dept	. CD, Ta	koma	Park, MD
	Sta Registi	- "	FFR 0	ear)	32. 990	strar's Signa	PARA I	ef						
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detabe filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENT	AL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			. TIME OF DEATH
	ANNA M.	CRONAN							J	AN. 29		998	2:00 Pm
4	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	Y	-	R 24 HRS.	7. DAT	E OF BIRTH		A. BIRTHPL	ACE (State or Foreign
	085-32-1271	1 🗆 M 2 🔀 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	_	. 15,		<u> </u>	W YORK
œ	9a. FACILITY NAME (If not institution, give s				96. CITY			ION OF DE		D		NOT C	TH EORGES
0	SACRED HEART HOM	E, INC.				HIA	1112	ILLE	. ١٩١	<u> </u>	PKI	NCE G	EURGES
EC	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	LION					10	Dd. INSIDE CITY
DIRECTOR	MARYLAND PRI	NCE GEOR	GES		HYA	TTSV	ILLE	Ē				1	LIMITS?
AL	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT		AT COUNTRY?
FUNERAL	5805 QUEENS CHAP	EL ROAD					207	82			τ	J. S.	Α.
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED						IN? (Specify Yes	or No-	14. RACE -	American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	NO				nn, Mexica Specifi		o Rican, etc.)		Specify:	Vhita, etc.
													White
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)		ECEDENT'S Sive kind of Do NOT u	work done	during mo		ing	10	Sb. KIND OF BUS	SINESS/IN	DUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)		,				Ι,	D., L. 1	Cat	-1-	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	4	1 201	1001	reac	ner				Public Middle Meiden		018	
	James Brady									agher	Sumame)		
B	19a. INFORMANT'S NAME (Type/Print)		10	h MAII INC	ADDRES	S (Street o				mber, City or Tow	e Ctete 7	in Code)	
5	Mary Margaret Pignon	e SND - F								ore, Ma			1210
	20a. METHOD OF DISPOSITION		20b. PLACE					Dal	7	TE 20c. LO	_		
	1 Burial 2 X Cremation 3 Rem	ovel from State	cemetery, cr	emetory or o	ther place)	mator	~v	01/	30/	98 A1es	andr	ia. V	irginia
	21. SIGNATURE OF FUNERAL BEHVICE LA	DISSEE , N	112010	JOILEGE	22.	NAME AF	ND ADDRE	SS OF FA	CILITY				
	M) 110	l. 1.) +	4	Fr	anci	s Ga	sch'	s S	ons Fun	era1	Home	, P.A.
	23. PART I. Enter the diseases, or o	leas 1	744	anth Da						enue, H			
	shock, or heart failure.	List only one cau	me on each in	e	not enter	tha mo	de or dy	ring, suc	n as ca	rolac or respi	ratory ar	Test,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition	0.46	1144	1.4									Onset and Death
	resulting in death)	DUE TO	MOMON	OHENCE O	D .			_		-			1 meets
_	_		RATIO		٠,.								1 week 1 week 46ARS
ō	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):								· work
¥	cause. Enter UNDERLYING	SEN	LIVE D	CME	MTI	A							YEARS
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):								,
CERTIFICATION	resulting in death) LAST	d											
2	PART ii. Other significant condition	s contributing to	death but not	resulting	in the w	nderlyin	Cause	alven in	Dart I	24- WEG AN	ALITOREY	245 W	ERE AUTOPSY FINDINGS
	Diabetes mel	litur. 5) the av	hue	144	Col	000	AP H	1	PERFOR	MED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
	Diate of Me	11100/ 0	0,000	7	1113	- (24)	10 0	77 (37	114	1 TES 2	■ NO	0	F DEATH?
PHYSICIAN: MEDICA						_		_				1	YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	DEATH (Ch	eck only	nge)			
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient	3 DOA	OTHE	Rim				her (Specify)			
Ŧ	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIN	E OF	26c. INJ	URY AT	- SAUGINCE		EŞCRIBE HOW I	NJURY OC	CURED	
ВУ Р	1 Natural 5 Pending	(Month, E	lay, Year)	IN.	JURY M		PRK? YES 2 [NO					
	2 Accident Investigation 3 Suicide 6 Could not be	26a. PLACE C	F INJURY — AI h	ome, ferm,	street, fac	tory, offic			28f. LC	CATION (Street a	and Numbe	r or Rural Rou	te Number,
百	4 Homicide determined	bullaing,	etc. (Specify)						CH	y or Town, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge d	eath occurr	ed at the t	lime, date	and place	and due	to the c	ause(s) and mar	mer pe ste	ted	
MC	a mark												nd manner as stated.
	296. SIGNATURE SAYS TITLE OF CERPTERS							ENSE NUI					Ionth, Day, Year)
B	telimble	llura.	2					Oz	27	fo	>	1/20	195
2	30. NAME AND ADDRESS OF PERSON WH	O COMBI ETED CALL	DE DE DEATH AV	11 OT (T	0.7.41			_				-/-/	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peter M Schissler
31. DATE FILED (Month, Day, Year)
32. P

FEB 02 1998

Ministrant of the State of the

WRC 98-0647-510 ROSA **CABELLERO Physician** /Medical Examiner

Funeral

Director

Examiner must be

e filed within 72 hours after death value 1 Hygiene.
I other then "natural", or heme 23 went, the Modical Exercises must

marked

Department of Health mportant: If item 27

Physician

/Medical

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be 1

the Maryland

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Items: 23 part I,27,28a-f per MEO G-758 4/1/9 Entiticate of Death Reg. No. 1. Decedant's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Daath SA FEB. 10, 1998 0 2:52 PM. 4b. City, Town, or Location of Deeth 4a Fecility Nama (If not institution, giva street and number, 4c. County of Death DEATON MEDICAL CENTER BALTIMORE BALTIMORE If Under 24 Hrs. 8. Data of Birth If Undar 1 Yaar 9. Birthpleca Country) 7. Age (In yrs. last birthday) 5. Social Sacurity Number 6. Sex Days 1 M 2 K OCYrs. Months 92-547 220 Usual Rasidance of Dacadant 10b. County 10d. Inside City Limits 10a. Stata 10c. City. Town or Location 1 Yes 2□ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8 20783 MAC Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Dacedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, atc.) 14. Race -Amaricen Indian. 11. Marital Status Black, Whita, atc. 1 Naver Married 2 Married 1 Yas 2 No 1 Tas 2 No If Yas, Giva Yeer or Datas: þ 3 Widowed 4 Divorced HIS Completed 16b. Kind of Business/Industry 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa., DO NOT usa ratired) 15. Decedent's Education (Spacify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Usecleaning 18 Mother's Nema (irst Middla Maidan Sumama 17. Fathar's Nama (First, Middle, Last, Be AballERO IRANCITO 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda) 19e. Informent's Name/Relationship (Type, Print) STERTIN CAU AMSVILLE 20c. Location City or Town, Stete 20782 20b. Place of Disposition (Nama of cematary, crematory or other) 20a. Method of Disposition Data 1. Burial 2 ☐ Cramation 3 DRemoval from State NATIONAL 4 Donetion 5 DOther (Specify) AND of Fugeral Service Licens 22. Name end Addrass of Facility SERVICES 1601 KEMILWORTH Calons that ceusad the death. Do not antar the mode of dying, such as cerdiac or respiratory arrast, to cause on each line. Approximete Interval Between Onsat end Death Immediata Causa (Final disaasa or condition rasulting in daath) RESPIRATORY FAILURE Due to (or es e consequence of): Examiner DISLODGEMENT OF AIRWAY TUBE IN PATIENT WITH MOTOR NEURON DISEASE Sequentially list conditions, if any, laading to immadiata cause. Enter Undarlying Causa (Disease or trijury that initiated avants rasulting in death) Lest Due to (or es e consequence of): Physician/Medical Dua to (or es e consequence of): 23b. Did tobacco usa contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by 24a. Wes an autopsy performed? 24b. Were autopsy findings avaitable prior to Completed completion of causa of daeth? 1 Z Yes 2 No 1 Yas 2□ No 25. Was cesa ratarred to medicet examiner? Be 26. Place of Daath (Check only ona) Hospitat: Certification: To

Examiner The lew requires that the death cartificate be executed physician and the burial-trensit Box 68760. for usa as 80 signed by the a d be deteched f P.O. Division of Vital Records. been sign cartificata hes b Attending Physicien: director, this lunaral Aftar death Director: after 24 hours after Funeral Dire letaly filled in b 6 Hospital completaly To the I within 2

1X Yas 2 No Other: 4 Nursing Homa 5 Rastdance 8 Othar (Specify) Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28b. Tima of 28d. Daacriba how Injury occurred 28a. Deta of Injury (Month, Day) 28c. Injury et Work? 5 Panding invastigation found 1 Netural 1 ☐ Yas 2 No 2 Accidant 2/10/98 Airway tube dislodged 2:30 6 Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) Deaton Medical Center 611 S.Charles St., Baltimore City, Mq. 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 4 T Homicida nursing home t 🗆 Certifying Physician: To the best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar as steted. 29a. Cartifian (Check only

one) 29b. Signature and title of certifie

2 Madical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated.

me 1

29d. Data signad (Month, Day, Year) 29c. Licansa number

O.C.M.E.

FEB. 11, 1998

30. Nama end addrass of person who complated ceusa (Maeth (ttam 23e) (Type, Print)

THEODORE Mikey 31. Data filed (Month, Day, Yaar) 32. Registrar's Signetur

111 Penn Street, Baltimore, Maryland 21201

State Registra

edical

Bearing the second of the seco MANAGER OF STREET

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dafe of Death 3 Time of Death Month Thomas Nester Cenis January 22, 1998 4:56 P.M. 4a. Facility Nama (If not institution, give street end number) 4b. Cltv. Town, or Location of Death 4c. County of Death FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK 7. Age (In yrs. lest birthday) | If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth | Months | Days | Hours | Min. | APRIL 1924 5. Social Security Number 9. Birthplace (Stete or Foreign **XX**M 2□ F IDAHO 517-10-1211 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits Yes 2 No MARYLAND FREDERICK FREDERICK 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 609 HINES ST. # 103 21703 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puarto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes No Specify: WHITE 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elemantary/Secondary (0-12) College (1-4or 5+) ENGINEER PLASTIC 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) EDWARD CENIS HAZEL NOBEL 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) WENDY MIESSLER, DAUGHTER 4610 PICKETT ROAD, FAIRFAX, VA 22032 20a. Mathod of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Neme of cemetery, cremetery or other of 20c. Location - City or Town, State MT. COMFORT CREMATORY 1/26/98 MT. COMFORT CREMATORY 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Furring Service Licenstie 22. Name and Address of Facility DEMAINE FUNERAL HOME 5308 BACKLICK ROAD, SPRINGFIELD, VA 22151 23a. Part1. Enter the disease, or complications that ceused the death. Do not antar the mode of dylng, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Immediate Cause (Final disease or condition rasulting in death) . aspiration Premaria Due to (or as a consequence of): Hepatie Encepholopather Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaase or Injury that initiated evants resulting in daeth) Last fuilme 2° alcoholism Due to (or as a consequence of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Anknown Mulnymitica 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death? 1 ☐ Yes 2 ☐ No 25. Was casa referred to medicel examiner? 26. Place of Death (Check only one) 1□ Yes 2□ No Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 1 Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year)

Physician /Medical Examiner P.O. Box 68760.

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be 10

Funeral

Director

tem 27 le marked other than "natural", or items 23a or 28a-f ahow other traumatic event, the Modical Examiner mast be notified at

pernit. Pages 1 and 2 should be filed within: Department of Haalih and Mental Hygiene. Important: If Item 27 Is marked other than "re any injury or other traumatic event. In which is any injury or other traumatic event.

the Maryland

72 hours after

Baltimore, Maryland 21215-0020

27. Manner of Death 1 Natural 2 Accident 3 Sulcida 4 Homicide

29a. Certifier

attending physician and for use as the burial-transit Physician/Medical signed t by should Completed this Certification: Aftar Medical

Records.

Division of Vital Hospital or Attending P 24 hours after death.
 Funeral Director: After t To the Hoepital within 24 hours a To the Funeral D completaly filled in

State Registrar 29b. Signature and fitle of certifier

Sure, MO

29c. Licansa number D46248 (Magh)

28c. Injury af Work?

1 ☐ Yes 2 ☐ No

ts. Certifying Physicien: To the best of my knowledga, daath occurred at tha tima, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, daath occurred at tha fima, data and place, and dua to the ceuse(s) and manner stated. 29d. Date signed (Month, Dey, Yeer)

Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Dascribe how injury occurred

30. Name and address of person who completed ceusa of death (Itam 23a) (Type, Print)

Mantha Theree Wolld Ben

110 Bergaman Line Francisk MD 2002 31. Date filed (Month, Dey, Year)

28b Time of

28e. Piace of Injury - At homa, farm, straet, factory, office building, etc. (Specify)

5 Pending

investigation

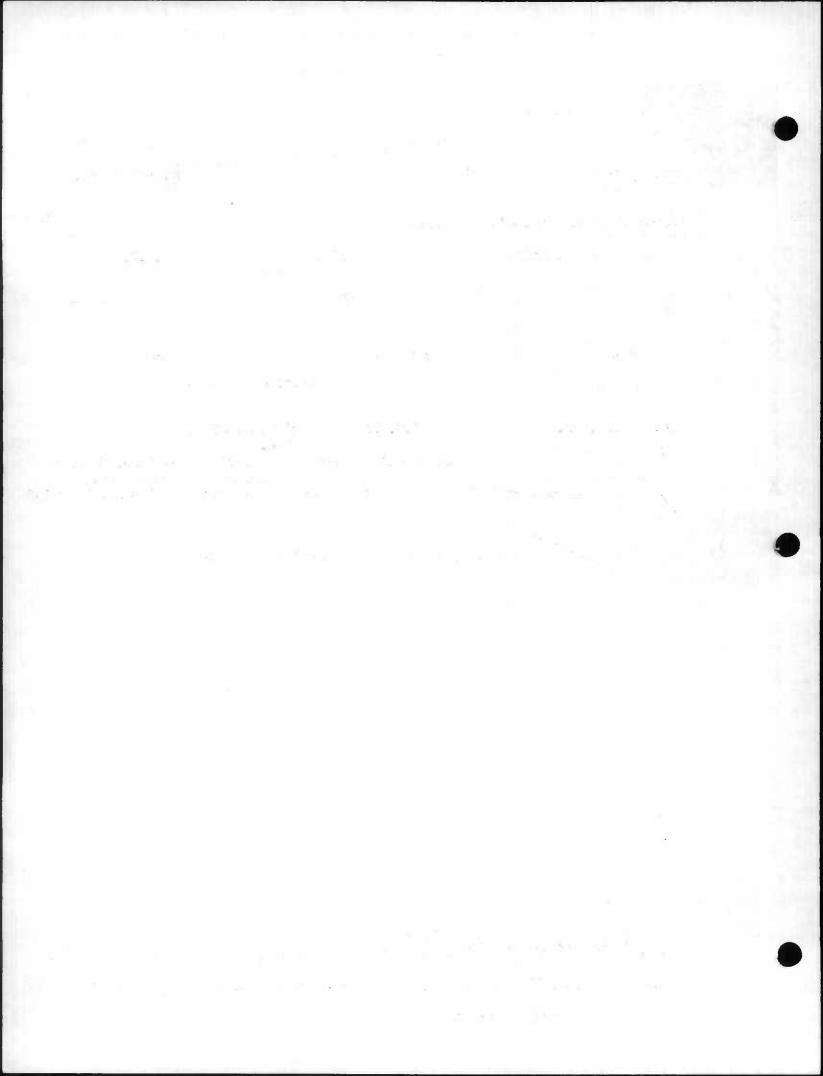
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32 Ragistrar's Signature

3 de 10

State of Maryland / Department of Health and Mental Hygiene 98 05 177

						Certi	ficate of	Death		В	leg. No.) ()	01//
		. 1	1. Dacadant's Nama (First, Middla, La	st)					2.	Data of Daa Month	th	V	3. Tima of Death
	Physic /Medi		MARYKL	NE PATT	FORE				F		Day	Yaar 1998	10:01 Am
	Exami		4a. Facility Nama (If not institution, give					4b. City, To	own, or Local		4c. County	-	
			SOUTHERN	MARYLANI	2 HOS	PITAL		CLI	NTON		PRINC	E GE	EORGES
	Funeral		5. Social Security Number 6. 5	Sax 7. Aga	(In yrs. last bir	thday)	f Undar 1 Yaar			Data of Birth			aca (Stata or Foraign
	Director	Н	577 05 7079	□M 25x 80)	Yrs.	lonths Days	Hours	Min.	(Month, Day ecembe	r 2,191	7 Vir	ginia
	D		Usuel Rasidance of Decedant									7.00	921124
	how		10a. Stata 10b. County		10c. City, Tow	n or Locat	ion					10	Od. Insida City Limits
	Ne Me	cto	Maryland Prince (George's	Clint	con							1 ☐ Yas 2X No
	or 20	Sire	10e. Street and Number				10f. Zip Coda			1	0g. Citizan of V	What Coun	try?
	death with the Meryland ms 23a or 28a-f show	Funeral Director	9625 Gwynndale	Drive			207	735			U.S.	A.	
	items frems	in e	11. Marital Status	12. Was Decedant E Armed Forcas?	var In U,S.	13. Was	Decedant of I	Hispanic Ori	igin? (Specif	y Yas or No-		e - Amarica	
21215-0020	g 9	by Fu	1 ☐ Navar Married 2 ☐ Married 3 💢 Widowed 4 ☐ Divorcad	1 Yas 2 No If Yes, Give Yaar or Datas:	0		Yas 2∑ No				Specify		hite
0	2 ho	Completed	15. Decedant's E	ducation	16a.	Decedan	's Usual Occu	pation			16b. Kind of Bu	usinass/ind	ustry
218	within 7 ene. than "n	ple	(Specify only highast gra Elementary/Secondery (0-12)		-)	lifa. DO	d of work dona NOT usa ratire	during mos	it of working				
21	d wil	10	12th	Collega (1-4or 5- 2	HC	memai	ker				Hom	e	
b	be file tal Hy d other	Be	17. Fathar's Nama (First, Middla, Last,								Maiden Sumaп	na)	
la I	ould be filed with Mental Hygiene. srkad other than atic event, trail	To	John Markwood C	line				Gert	rude (Crensh	aw		
Maryland	E E E	-	19a. Informant's Name/Ralationship (Type, Print)	19b	. Mailing A	Address (Street	t and Numbe	er or Rural R	louta Number	r, City or Town,	Stata, Zip	Coda)
	elth 27 l		Craig Clark, Jr.		F	.0.	Box 167	0 Sol	omans	MD 29	9688		
ore	Item oth		20a. Mathod of Disposition		20b. Placa of	Disposition	on (Neme of ory or other ple	ce) F	eb. 9	Date	20c. Location -	City or To	wn, State
E	Peges nent of h int: If Ite		W Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Specif			•	l Cemet	erv	199	98	Suitla	nd M	aryland
	그두후축		21. Signature of Funeral Service Licer	isee							al Home	. Inc	ary rand
m	Depar Impor any Ir		VA.	2		66.	33 Old	Alexa	ndria	Ferry	Rd Cli	nton.	MD 20735
			23a. Parts Enter the disease, or com shock, or heart failure. List only	plications that caused i	daath, Dor								Approximata
2	Physician /Medical		Immediate Cause (Final disease or condition	ARTERIO								i	interval Batween Onset and Death
п	Examiner		resulting in death)		Dua to (or as a				000.				
-	D #	Examiner	_									i	
	nd rens	an m	Sequantially list conditions,	C	Dua to (or as a	consequar	nce of):					İ	
0,	ian e		Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Disaasa or Injury									į.	
68760,	requires that the death certificete be executed seen signed by the ettending physician end hould be detached for use as the burlei-trensit	Medical	that initiated events rasulting In daeth) Last	D	ua to (or as a c	onsequan	ca of):						
9 ×	ing p	Mec	L	a:									
Bo	tendi tendi	an		d.									
0	the elf	Physician/	Part II. Other significant conditions of	ontributing to death but	not rasulting in	the unda	rlying causa gi	van In Part i	i.	23b. Did to	obacco uaa co	ntribute to	the cause of death?
P.0	that the de ed by the detached	Ph								1 □ Y	es 2 No	3 Prob	ably 4 Unknown
Ś	signed I	by											
Records,	requir been s should	Completed								24a. Was a perform	n autopsy med?	ava	re autopsy findings illable prior to
ec	2 S	ple			<u>. </u>							of c	npletion of causa leath?
R	0 - 6	PO.								1 □ Y	as 2 No	1□	Yes 2□ No
	uclan: The	Be (25. Was casa refarred to medical					26. Place	e of Death (C	check only or	70)		
of V	5 00	2	examinar? 1DXYas 2□ No	Hospital: 1 ☐ Inpatian	t 2 ER/Ou	tpatient	STOOA ON	har: 4 Nu	ursing Homa	5 Rasida	anca 6 Oth	ar (Specify)
0	ding Phy h. After thi funeral		27. Mannar of Deeth	28a. Deta of Injury (Month, Day		ima of	28c. Inju Wo	ry at	280	I. Dascribe h	ow Injury occur	red	
0	Attending or death. Sector: After by the fune	atio	1 Natural 5 ☐ Pending 2 ☐ Accident invastigation		7 44.7			Yas 2	No				
Division	or Attending I effer death. Director: Affer I in by the funer	Iffe	3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of Injur	y - At homa, fa	rm, street,	factory, office		28f	Location (Si City or Town		er or Rura	Routa Number,
ā	a effection	Certification:	4 Homode	building, afc.	(эреспу)					City of Town	1, 3(6(6)		
	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fr	edicai	29a. Certifiar (Check only one) 1 Certifying Ph 2 Medical Exam	yaician: To the best of ninar: On the basis of a	xamination an	, daath oc d/or Invast	curred at the ti igation, in my o	me, dete an opinion, dea	nd plece, and ath occurred	due to the cat that that time, d	euse(s) end me ate and placa,	enner es sta and dua to	ated. the causa(s)
	o the	Z	29b. Signature and title of certifier	10001	1	1	29c. Licans	sa number		2	9d. Data signe	d (Month, L	Day, Year)
	- 5 - 0		Mulle	HTAIN.	(1)	1 00	11-	777	1/L				
•			20 Name and add	Jan J	1/4	VII	E V	1997	154	1	ERKUA	KY (1778
			30. Nama and address of person who	To The T	A IO	Type, Prin	000 -A	NI.	NT 04	Inlud		10 × 11 A	ND 20785
	- 01-	1	31. Data filed (Month, Day, Year)	32. Registrar	's Signature			NAN	ity a	HEVER!	LY IVIA	myu	W 10/85
	Sta Registr	-		198	Hudson	Radi	y .						
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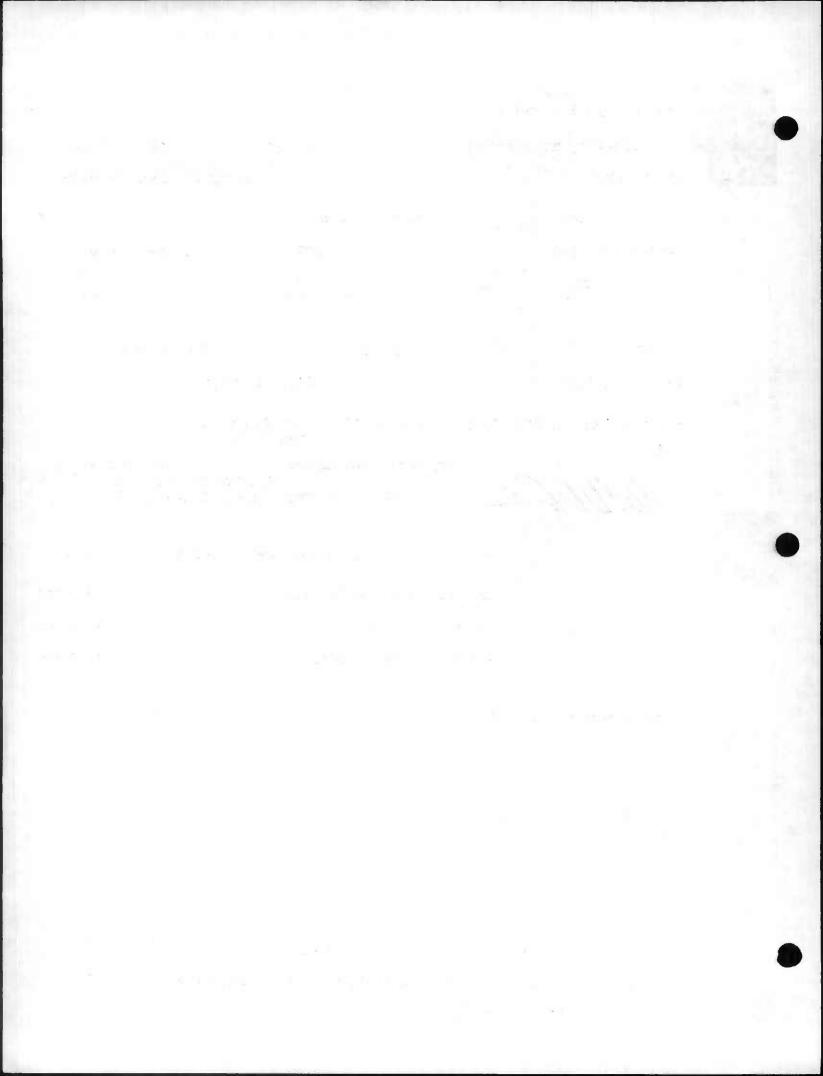


State of Maryland / Department of Health and Mental Hygiene

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						(Certific	ate of	Death	,	Reg. No.		
	Discort.	·	1. Decedent's Name (First, Mid	ldle, Last)						2. Data of De Month		Year	3. Time of Death
į,	Physic /Medi		Thomas Cleve	land Duley	7					Feb 1.	1998	Tear	2:30 PM
A	Exami		4a. Facility Name (If not institut						4b. City, Town, or I			of Death	
			Southern Mar		oital				Clinton			ce Geo	
	Funeral	П	5. Social Security Number	6. Sex 1 □ M 2 □ F	7. Age (In yr. 88		Mont	hs Deys		8. Date of Bir (Month, Da	th y, Year)	9. Birthple Country	ce (State or Foreign
	Director		213 10 1886 Usual Residence of Decedent	· A	00	S Yı	S.			March	24, 1909	Mary	land
	land		10a. Stata 10b. Cour	ty	10c. C	ity, Town	or Location					100	d. Inside City Limits
	Many	to	MD P.0	3.		Uppe	er Mai	rlboro)				1 ☐ Yes 2 💢 🔻 0
	r 28a	Director	10e. Street and Number				10f.	Zip Code			10g. Citizen of	What Countr	y?
	d within 72 hours efter death with the Manyand jiene. r than "natural", or items 23e or 28a-f show than Madical Experient must be redified at		8504 Croom R	oad				2	20772		United	State	S
	deat	Funeral	11. Merital Status	Armodi	ecedent Ever In Forces?	U,S.	13. Was De	ecedent of h	Hispanic Origin? (S an, Mexicen, Puert	pecify Yes or No	- 14. Rac	e - American	
0	or its	F	1 Never Married 2 M	arried 1 Tes	3/12/No			s ZXNo	Specify:	o nicen, etc.)		ck, White, et	
Maryland 21215-0020	iral',	d by	3 Widowed 4 Divorce	ed Year or	Dates:		,010	5 20140	эрвыну.		Specify	v: W.	hite
77	- 0 30	Completed	15. Deced (Specify only high	ent's Educetion nest grade complated	d)	16e. D	ecedent's U Give kind of	sual Occup work done	pation during most of world)	king	16b. Kind of B	usiness/Indu	stry
7	nould be filed within a Mental Hygiene. nerked other than or	E	Elamantary/Secondary (0-12) College	(1-4or 5+)		ealto:		a)		Self En	molove	d
0	be filed tal Hygie d other event, it		17. Fether's Neme (First, Middl	e. Last)					18. Mothar's Nan	ne (First, Middle			
an	should be filed nd Mental Hygi marked other imatic event, I	o Be	William C. Du						Alice Ri			,	
3	20 0 0 0	2	19a. Informant's Name/Relatio	nship (Type, Print)		19b. N	Malling Add	rass (Strae	and Number or Ru	ral Route Numb	er, City or Town.	Stata, Zip C	Code)
	nd 2		Barbara Shank	lin (DAUG	HTER)	P.O	. Box	122,	Merry Po	int, Va	22513		
Je,			20a. Mathod of Disposition		20b.				reb 7,		20c. Location	City or Tow	n, Stete
Ĕ	Pages nent of I int: If its iry or o		1 Burial 2 Cremation 4 Donation 5 Other		n Stete				metery		Upper N	Marlho	ro MD
Baltimore,	permit. Pages Depertment of Important: If It any Injury or once.		21. Signeture of Funeral Sorole	e ladenseg	,	- 11111	22. Name	and Addre	ess of Facility Le	e Funera			
n	90 E # 8		1/1/1/1/	Wal					a Ferry R				
-			23a. Part 1. Enter the disease, shock, or heart failura. Li	or complications that	ceused the day	ath. Do no	t enter the r	node of dyl	ng, such as cerdiad	or respiretory a	rrest,	1 1	Approximata interval Between
	Physician		orost, or riout tanata. Li	st only one oddse on	odon into.							6	Onset and Death
	/Medical Examiner		Immediate Cause (Final disease or condition	, I	Large Le	eft S	ided	intra	a cerebra	l bleed	ing	9	Days
	LAGITITIE		resulting in death)	4.	Dua to	(or as a co	nsequance	of):				l t	
	bed isit	Examiner		b I	Perither	al V	ascula	ar Dis	sease			1	0 Years
	end el-trar	xan	Sequentially list conditions, if any, leading to immediate		Due to	(or as a co	nsequence [°]	of):				1	
9	cete be executed physician end s the buriel-transit		ceuse. Enter Underlying Cause (Disease or Injury that initiated events	c. <u>F</u>	History		Tia's					1	0 Years
68760,	death certificate be executed e ettending physician end of for use as the buriel-transit	Medical	resulting in death) Last				nsequence		•			1	0.37
Box	certi nding use a	M		d	CAD with	n Ang	ina Pe	ector	ıs			1	0 Years
ď	death cer e ettendir d for use	Physician/I	Part II. Other eignificant condi	tlone contributing to	donth hut not ro	euttina In t	ho undodvir		una la Bart I	23h Did	tobacco uso co	ntribute to t	the cause of death?
Ö.	the tyth	hys				suiting in t	ne undenyi	ig causa gi	veri iri marti.	1 🗆			ibly 4 Unknow
7	igned be del	by P	Chronic Atria	l Fibrilla	ation					, 0	Yee 2 No		
or Vital Records,	- w D									24a. Was	an autopsy		a autopsy findings lable prior to
00	2 S S	plet								porite	,,,,,,	com	pletion of cause eath?
Ì	0 - 0	Completed								10	Yes 2 XX	10	Yes 2□ No
<u> </u>		Be	25. Was case referred to medic axaminar?	al					26. Place of Dea	th (Check only o	ona)		
>	0 0	2	1 ☐ Yes 💥 No	Hospital:	Inpatient 2	ER/Outp	atient 3	DOA Ott	her: 4 Nursing H	ome 5 Resi	dence 6 □Oth	er (Specify)	
			27. Meannar of Death 1 □ Natural 5 □ Pend	ling 28a. Date (Mo	e of Injury onth, Day Year)	28b. Tin	ary	28c. Inju Wo		28d. Describe	how injury occur	red	
SIO	Attanding Is death.	Certification:	2 ☐ Accident Inves	tigation			М		Yes 2 □ No				
DIVISION	or Attan efter deat Director: I in by the	E		mined 289. Plac	ce of Injury - At I ding, etc. (Spec	nome, farm ify)	i, street, fed	tory, office		City or To	Street and Numl wn, State)	ber or Hural I	Route Number,
-	To the Hospital or Atwithin 24 hours effer of To the Funeral Direct completely filled in by		29a. Cartifier XX Certify	des Dhusiaise. To th	a baat -f I		446						A
	To the Hospital within 24 hours of To the Funeral completely filled	edical	(Check only 2 Medica	Ing Physician: To the Examiner: On the	basis of examination basis of examination basis of examination basis of examination basis of the	ation and/	or investigat	tion, In my o	ma, date and place opinion, daath occu	, and dua to tha rred at tha tima,	data and place,	anner as star and due to t	ted. ha causa(s)
	othe othe omple	₩.	29b. Signature and title of certif	ier. A				29c. Licens	se number		29d. Dete signe	d (Month, Di	ay, Year)
	F S F Ö		Alor, C	Vopen	pale	m	12 ·	D4	2049		. 2/4	/ 199	8.
			30. Name and addrass of perso					<i>D</i> -1.					•
			Alain G. Cham	paloux. M	.D. 143	14 01	d Mar	lboro	Pike , U	Ipper Ma	roboro,	Md 20	772
	Sta	ate	31. Date filed (Month, Day, Yea	r) 32.									
	Regist		FEB11	1998 g	Registrar's Sign	borks	relate						

DHMH 16 Rev 6/95



				State of Ma		epartment of Certificate or			giene 9 Reg. No.	0517	79
г	Physic	ion	Decedent's Nema (First, Middle, Last)				2. Data of De Month	ath Day	3. Time	e of Death
	/Medi		Joseph Dew					Jan.			35 am
)	Exami		4a. Facility Nama (If not Institution, give	street and number)			4b. City, Town,	or Location of Death	4c. County	of Death	
			Kent & Queen Anne	Hopital			Cheste	rtown	Kent		
	Funeral		5. Sociel Security Number 6. Se	x 7. Ag	e (In yrs. last birth	dey) If Under 1 Yaa Months Dey			th Venr	9. Birthpleca (State Country)	a or Foreign
l.	Director		219-07-6718]M 2□F	86 Yr	s. Months Day	s Hours M		, 1913	North Ca	
	р ,		Usual Residence of Decedent		40.00.7						
	aryte aryte	-	10a. State 10b. County		10c. City, Town	or Location					City Limits
	No W	cto	Maryland Kent		Church					12/140	es 2 No
	\$ 0 th	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of \	What Country?	
	72 hours after deeth with the Manfend netural; or items 23s or 28s-f show dos! Expriner must be notified at		Post Office Box 1	63		21623	3		USA		
	ep J	Funeral	11. Meritei Stetus	12. Was Decedant I Armed Forces?	Evar in U,S.	Was Decedent of if Yes, specify Cu	Hispanic Origin?	(Specify Yas or No erto Rican, etc.)	- 14. Rec	e - Amarican Indien, ck, White, etc.	•
20	or it		1 Nevar Married 2 Merried	1XXVes 2 ☐ N If Yes, Give	No	1□ Yes 210 No				Black	
8	June L	d by	3XXVidowed 4 □ Divorced	Yaer or Detes:					0,000,	Diden	
2	d within 72 hours ilena. r than "natural", the Med cal Exp	Completed	15. Decedent's Edu (Specify only highest grad	cation e com <i>pleted)</i>	16e. D	ecedent's Usuel Occi Give kind of work don- fa. DO NOT use retir	upetion e <u>d</u> uring most of s	vorking	16b. Kind of Bi	usinass/Industry	
12	vithic han	d L	Elementery/Secondery (0-12)	Coilege (1-4or 5	i+)						
Maryland 21215-0020			9th 17. Fathar's Nama (First, Middle, Last)		Sc	hool Bus I		Same VEILLA ARIAN		of Maryla	nd
and	S E S	Be						leme (First, Middle,		M.	
Ž	d 2 should by and Menta Menta T is marked traumatic events.	To	William Dew					(Last Na			
<u>a</u>	CI W W		19e. informant's Name/Reletionship (Ty			Neiling Address (Stree					
	f Heelth fem 27 other tr		Pearl M. Riley, F	riend		.O. Box 16	53, Chur	1			
Baltimore,	Pages nent of h		20e. Method of Disposition XXBurial 2 ☐ Crametion 3 ☐ F	lemovel from Steta	cematary,	cremetory or other pi	lace)	Date		City or Town, Steta	
Ē	permit. Pages Depertment of I Important: If its any Injury or of once.		4 ☐ Donation 5 ☐ Other (Specify)		Churc	h Hill Cer	netery	2/9/98	Church	Hill. Md	•
ğ	Depending Depending In In In In In In In In In In In In In		21. Signature of Funeral Service Licens	00		22. Name and Add		7 77			
щ	205 7 2				-			neral Hom Easton, M		21601	
			23a Parti. Enter the disease, or complishock, or heartfailure. List only or	cations thet caused	the death. Do no	t enter the mode of dy	lng, such es card	liec or raspiratory a	rrest,	Approxim	nata
	Physician		SHOCK, OF HEAVT SHUTE. LIST OTHY OF	A /	/		,			Onset an	d Death
	/Medicai		immediate Causa (Final disaase or condition	Voint	vial a	u ANh	Hamil	a.		120	w _
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	cete be executed shysician and the buriel-transit	Examiner	Sequentially ilst conditions.). — / /	Due to (or as a co	needillence of).	/		1		
oʻ	an a		Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	7	thout.	encluse 1	Rardu	voscul	Can AZ	54	NS
8760,	sete be ex hysician the burie	dicai	thet initieted events resulting in death) Last	·	Due to (or as a cor		00.	00000		1	
G	n certifice anding ph use as t	Ned	resulting in Godin Cast							i	
Box	death certific e attending p ed for use as	2		l							
	the atte	Physician/Me	Part ii. Other significant conditions con	tributing to death bu	at not rasulting in the	ne underlying cause g	jivan in Part i.	23b. Did	tobacco use co	ntribute to the caus	e of death?
0.0	\$ 50 E	t,	Doctat.	11/25.1	2			10	Yes 2 No	3 Probably 4	Unknown
		by F	17031412	voudal				-			
Records,	- 0 D	P	Milde	2 - 5	- oft	and for	Done		an autopsy	24b. Were eutops available prid	y findings
ပ္ထ	_ 0 0	Completed	111111111111111111111111111111111111111	my	N1 12	2001 1 000	/ 6	_	mileur	completion of death?	
ř	0 - 6	E	1 19-1	1052 /10	Dese	das	Na Lot	10	Yes 2□No	1 ☐ Yaa 2	.□ No
	certificate rector, pag	Be C	25. Was case referred to medical	VISCIT!	100	. 0 1-1	30 Place of F	Deeth (Check only o		10144 2	
5		To B	exeminer?	lospitel:	nt 2 DED/Outn	etient 3 DOA	When	Home 5 Resid		or (Consili)	
	Phys r this eral d		27. Mennar of Death	28a. Dete of injur (Month, De)					now injury occur		
0	th. Afte	10	1 Netural 5 Pending Investigation	(Month, De)	<i>r Year)</i> inju		ork? ⊒Yes 2⊒No				
<u>S</u>	or Attending teltar death. Director: After in by the funer	flea	3 ☐ Suicide 6 ☐ Could not be	28e. Plece of Inju	ıry - At home, ferm	, street, fectory, office)			per or Rural Routa N	umber,
5	ofter Plrec	Certification:	4 ☐ Homicide	building, etc	: (Specify)			City or Tov	wn, Stete)		
	24 hours 24 hours Funeral letely filled		29e. Certifier 1☐ Certifying Phys	ician: To the best o	of my knowledge, d	leeth occurred et the	time, dete end pie	ce, and due to the	cause(s) end me	enner es stated.	
	P Ful	edical			examination and/o	or investigetion, in my					e(s)
	To the Hospital or Attending Ph within Z hours aftar death. To the Funeral Director: After th completely filled in by the funeral	Me	29b. Signatura and title of certifier	/ /		29c. Licer	nse number		29d. Dete signe	d (Month, Day, Year)
	, , , , ,		> VVXXXX	es &		714	2587		2/9/	98	
7			30 Neme end eddress of person who co	moleted sauce of de	eth /item 22at /T.	ma Print\	/		1.1	, 0	
			R 11-00000 SAL	Down no	2010	m. t.	. 1200cl	Conta	00	le mols	Wat
	Sta	70	31. Dete filed (Month, Dey, Year)	32 Geolstra	ar's Signetura	unull	a july	unu	une	~ 11010	KIY'
		肄	TED 04	M A	d. Knille	70,-1,00					

										9	Ö (12180	
	FOR STATE REGISTRAR	STATE OF N	MARYLAND / CE				EALTH AND DEATH	MENTAL	HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				3. TIME OF DEATH	
- 1	William Albert Devilbiss							Febru	Jary 7	, 19	98	11:15 am M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7, DATE O	JF BIHIT		S. BIHITP	PLACE (State or Foreign	
	215-20-9988 1 [™] 2□F 74			YRS.	MONTHS	DAYS	HOURS MIN.	Nov.	10, 1	923	Mary	yland	
	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH				NTH 9c. COUNTY OF DEATH				
DIRECTOR	9819 Parsonage Lane New Windsor Frederick									ck			
입	10a. STATE 10b. CO	10c. CITY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY					
BIO	Maryland Frederick				New Windsor					1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER				tot. ZIP CODE					ZEN OF W	HAT COUNTRY?		
띪	9819 Parsonage Lane				21776					S.A.			
3	11. MARITAL STATUS	MED			CENDENT OF HISPANIC OF			or No-	t4. RACE — American Indian, Black, White, etc.				
ВУ Е	1 Never Married 2 Married FORCES? 1 YES 2 Mar 3 Wildowed 4 Divorced FYES, GIVE WAR OR DATES				If yea, specify Cuban, Maxic			sify: Spe			Specify Whi	y:	
	15, DECEDENT'S	CEDENT'S	EDENT'S USUAL OCCUPATION				KIND OF BUS						
	(Specify only highest grade completed) (Give kind of work done during m Elementary/Secondary (0-12) College (1-4 or 5 +)						t of working						
4					ruck Driver			Cement					
COMPLETED	17. FATHER'S NAME (First, Middle, Last		2111		16. MOTHER'S N	AME (First, Middle, Malden Surname)							
	Maurice Devilb:	iss				l	Estella	, ,					
BE													
임	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen H. Devilbiss/wife 9819 Parsonage Lane New Windsor, Md. 21776												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of												
	4 Donatton 5 Other (Specify) Linganore Cemetery 2/10/98 Unionville, Md.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hartzler Funeral Home												
-	310 Church St. New Windsor, Md. 21776												
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.												
	II IMMEDIALE ONOSE (CITE)									Onset and Death			
NO	disease or condition resulting in death) a. Preumonia Due to (OR AS A CONSEQUENCE OF):								4 months				
	DUE TO (OR AS A CONSEQUENCE OF):										-		
	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											zyrs	
CERTIFICATION										I I North			
2	CAUSE (Disease or injury										1-1413		
#	that initiated events resulting in death) LAST												
EB	d.												
_	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS												
8	PERFORMED?									AVAILABLE PRIOR TO COMPLETION OF CAUSE			
ā l									OF DEATH?				
Z												1 YES 2 NO	
žΙ	DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES NO UNCERTAIN 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
5	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	26. PLAC	т т	OTHER								
YS.	t YES 2 AND	1 - Inpatient 2	ER/Outpatient 3	□ DOA	4 🗆 Nursi	ing Home	5 (VRasidenca	S 🗆 Other	(Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 28s. DATE OF INJURY 26b, TIME OF (Month, Day, Year) INJURY						: INJURY AT 28d. DESCRIBE HOW INJURY OCCURED WORK?						
BY	1 Natural 5 Pending 2 Accident Investigat		M 1 YES 2 NO										
ED	3 Sulcide 6 Could not be 4 Homicide datarmined					ı, street, tactory, offica			28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
ET													
PL	29a, CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as attend.												
COMPLET	one) 2 MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
	29b. SIGNATURE AND TITLE OF CERT	TIFIERA				1	29c. LICENSE NU	JMBER		29d. DAT	E SIGNED	(Month, Day, Year)	
8	II. I FPILL MM							051294			► 02-07-98		
2	30. NAME AND ADDRESS OF PERSON	H WHO COMBI ETED CAL	RE OF DEATH (ITE	A AT /Fine	Outua)		0005	1247		1	1-1	1-10	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

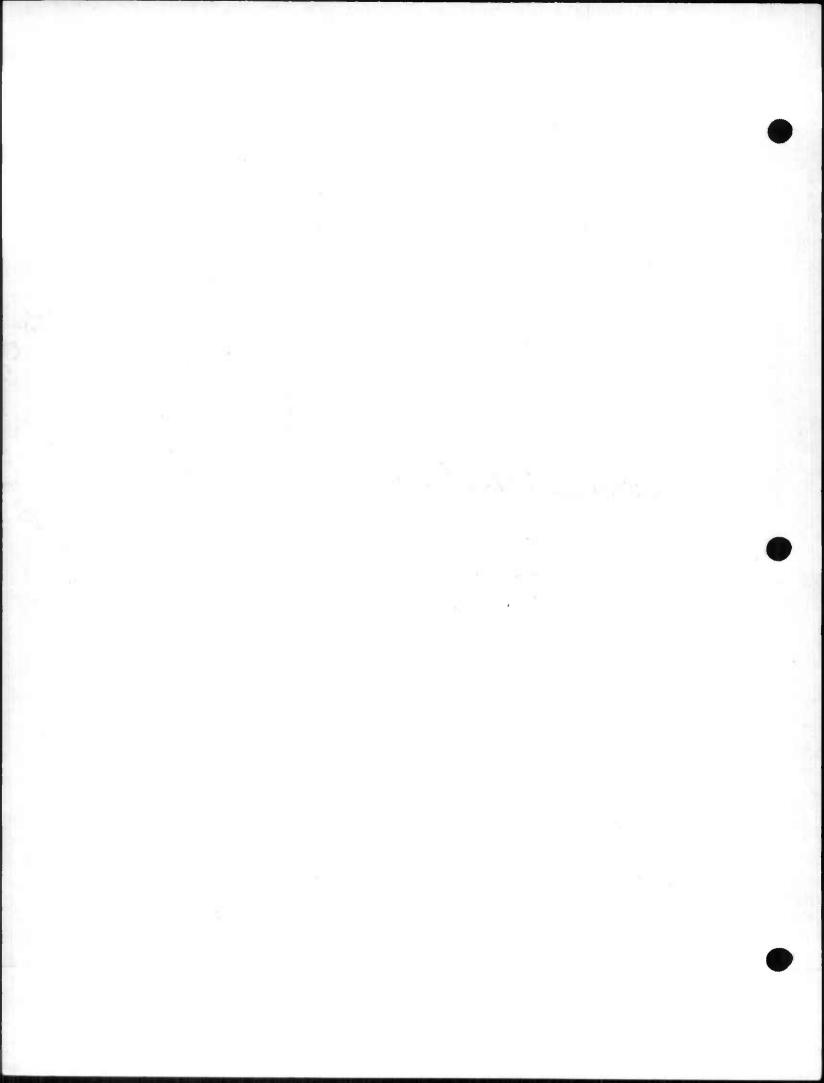
Herbert P. Henderson St. Mr) 123

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

FEB 0 9 1988 Julia Mauthan Review

1233 Union Bridger Rd New Windson MD



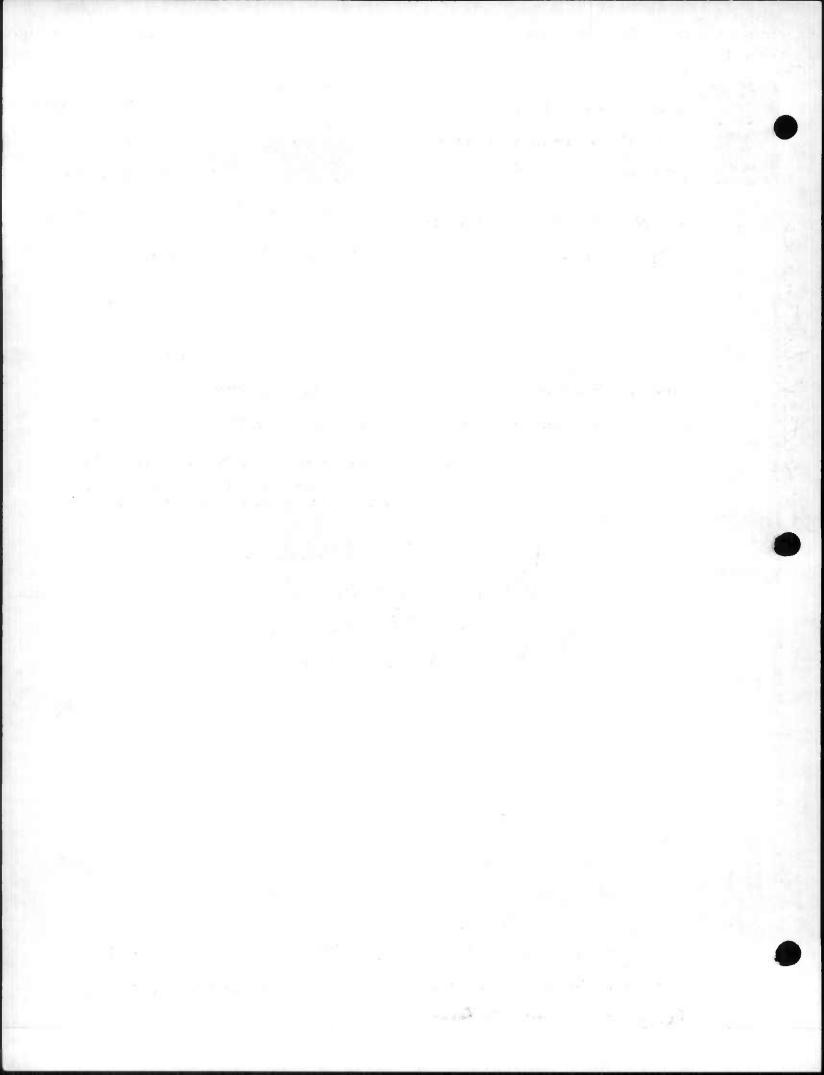
State of Maryland / Department of Health and Mental Hygiene Q 05191

		1 Barrelland	to the sale		Ce	rtificate o	f Death		Reg. No.		
Physicia	an	Decedent's Name (First, Midd						2. Date of De Month Feb.			Time of Deeth
/Medic		Loreta Virginia								98 1	1:20A
Examin	er	4a. Facility Nama (If not Institution	Comment of the contract of the				4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
		Physicians M	emorial	Hospi	tal		La Pla		Cha	arles	
uneral		5. Social Security Number	6. Sex	7. Aga (In yrs	s. last birthday)	If Under 1 Yes		8. Date of Bir (Month, Da	th v. Year)	9. Birthplaca (Stata or Foreign
irector		577-12-1336 Usual Rasidence of Decedent	1□M 2∏F	79	Yrs.			April 2	2, 1918	Virgin	ia
\$ W		10a. State 10b. County		10c. C	ity, Town or Lo	ocation				10d. In:	side City Limits
28a-f sho notified at	jo	Maryland Charl	es	La	Plata					18	Yes 2□ No
not not	Directo	10e. Street and Number				10f. Zip Code	9		10g. Citizan of	What Country?	
4	0	26 Pheasant Lan	ne			20646			U.S.A.		
1	Jere	11. Marital Status	12. Was Dec	cedent Ever In I	U,S. 13.		of Hispanic Origin? (Sp	ecify Yas or No		ce - Amarican Inc	lian,
oiner	Funeral	1 Never Married 2 Mar		2 No			of Hispanic Origin? (Sp uban, Mexican, Puerto	Rican, etc.)	Bla	ck, White, etc.	
Exa	Ď	3 X Widowed 4 □ Divorced	If Yas, G Year or I	live Dates:		1□ Yes 2∏ N	lo Specify:		Specify	White	
185	Be Completed	15. Deceder	t's Education		18a. Dece	dent's Usual Occ	cupation		16b. Kind of B	usiness/Industry	
Med	ple	(Specify only higher Elementery/Secondery (0-12)	st grada completed	(1-4or 5+)	(Give	kind of work dor DO NOT use reti	ne during most of work ired)	ing			
	EO	12	College	(1-401 54)	Homen	naker			Own Hor	me	
aumatic event, the	e C	17. Fathar's Name (First, Middle,	Last)				18. Mother's Nam	e (First, Middle,	Maiden Suman	ne)	
-	ToB	Warwick L. McA	lister				Gertrude	Hammac	k		
traumatic	_	19a. Informant's Name/Reletions			19b. Mailii	ng Address (Stre	eet end Number or Rur			State, Zip Code)
5		Alfred W. Dinta	man. Ir	- Son			Lane, La P				
other		20a. Method of Disposition			Place of Dispo	sition (Neme of		Date Date		City or Town, S	tate
5		1 ☑ Burial 2 ☐ Cremation				matory or other p					
-ulany	-	4 Donation 5 Other (5		Fo	ort Lin	coln Cen	netery 02	/09/98	Brentwo	ood, Mar	yland
eny i		21. Signature of Funeral Servica	Licansee	4	A F	2. Name and Add	dress of Facility Gasch's So	ns Fune	ral Hom	e. P.A.	
• 0		land	the J.	2-)as			timore Ave				20781
		23a. Part1. Enter the disease, o shock, or heart failure. List	complications that	caused the dea						Appr	oximate val Betwaen
ian			\ \ \ \ \		011	N.	C 1 '			Onse	t and Death
licai		Immediate Cause (Final disease or condition	1	Lucra	-/ /-	trans	Talles 1	01			
ner		resulting in death)	8.1	A Due to	(br es a consec	quence off: A	. 0.00				
	ner		(< 0	1	1	Talla	(, ,,			1	
	Examiner	Sequentially list conditions	b. 1	Due to	or as a consec	guence of):	w CCC)				
	Ä.	Sequantially list conditions, if any, leading to Immadiate cause. Enter Underlying Ceuse (Diseese or injury	15		(=X)	100					
	cal	that initiated events	c	Due to (or as a conseq	ineuca ot):					
es the bunal-transit	8	resulting in death) Last		1		1100	. [\(\(\)\)]				
for usa	5		d.	con	an	MOU	nam				
tached for	Cla	Part II. Other significant condition	ne contribution to	dooth but not so	outine in the	adamilaa aayaa	niven in Deat I	225 Did	lahaasa waa sa	ndelbude as the s	augus ad days to 0
1	Physician/Medical	Part II. Other algnificant condition	And Continuing to C	Joan Dut NOT 18	autud ii tha u	nuerrying cause	giveri iri Fatt t.			ntribute to the c	. A
	V P							10	Yes 2 No	3 Probably	4K Unknow
	d by							24a Wee	an autopsy	24b. Ware au	topsy findings
	ete								rmed?	aveilebie	prior to
	Completed									of death	7
	S							10	ras 2 No	1 🗆 Yes	2□ No
	a B	25. Wes case referred to medica examiner?					28. Place of Deat	h (Check only o	ле)		
	2	1 ☐ Yes 217 No			☐ ER/Outpatier	nt 3 DOA	Other: 4 Nursing Ho	me 5 Resid	denca 8 🗆 Oth	ar (Specify)	
	Ë	27. Manner of Death 1 ☑ Naturel 5 ☐ Pendir	28e. Dete	of Injury oth, Dey Year)	28b. Time of Injury	f 28c. In W	jury at vork?	28d. Describe I	now Injury occur	red	
	ä	2 Accident investi	pation			M 1	Yes 2 No				
	2	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	not be lined 28e. Plec	e of Injury - At I	nome, ferm, str	reet, factory, offic	ю	28f. Location (Street and Numb	per or Rural Rout	e Number,
1	₽		50110	g, 5.5. (opeo	,/			, o. 701	, 5		
	Certif			a hast of my kn	owledge, death	occurred et the	time, date and place,	and due to the	cause(s) and ma	anner as stated.	
	sal Certification:	29a. Certifier Certifyir	g Physician: To the	o boot or my kin				the same of the sa	date and place	and due to the c	(a)(a)(a)
	edical Certif	29a. Certifier (Check only one) Certifying 2 Medical	Examiner: On that	pasis of axamin oner stated.	ation and/or in	vastigation, in my	y opinion, death occur	red at the time,	uate and piaca,	and due to the c	4030(3)
and and and and and and and and and and	Medical Certif	(Uneck only 2 Medical	Examiner: On tha b	pasis of axamin	ation and/or in	vastigation, in my	y opinion, death occur inse number			d (Month, Day, 1	_
	edical	one) 2 Medical	Examiner: On tha b	pasis of axamin	ation and/or In	vastigation, in my	nse number				_
pletely fil	edical	(Check only 2 Medical one) 29b. Signature and title of certifie	Examiner: On the E and mar	pasis of axamin		29c Lice D-2					_
pletely fil	edical	one) 2 Medical	examiner: On that is and mar	pasis of axamin nner stated.	m 23a) (Type,	29c. Lice D-2 Print)	nse number		29d. Date signe	d gytonth, Day, 1	'ear)

Registrar

State

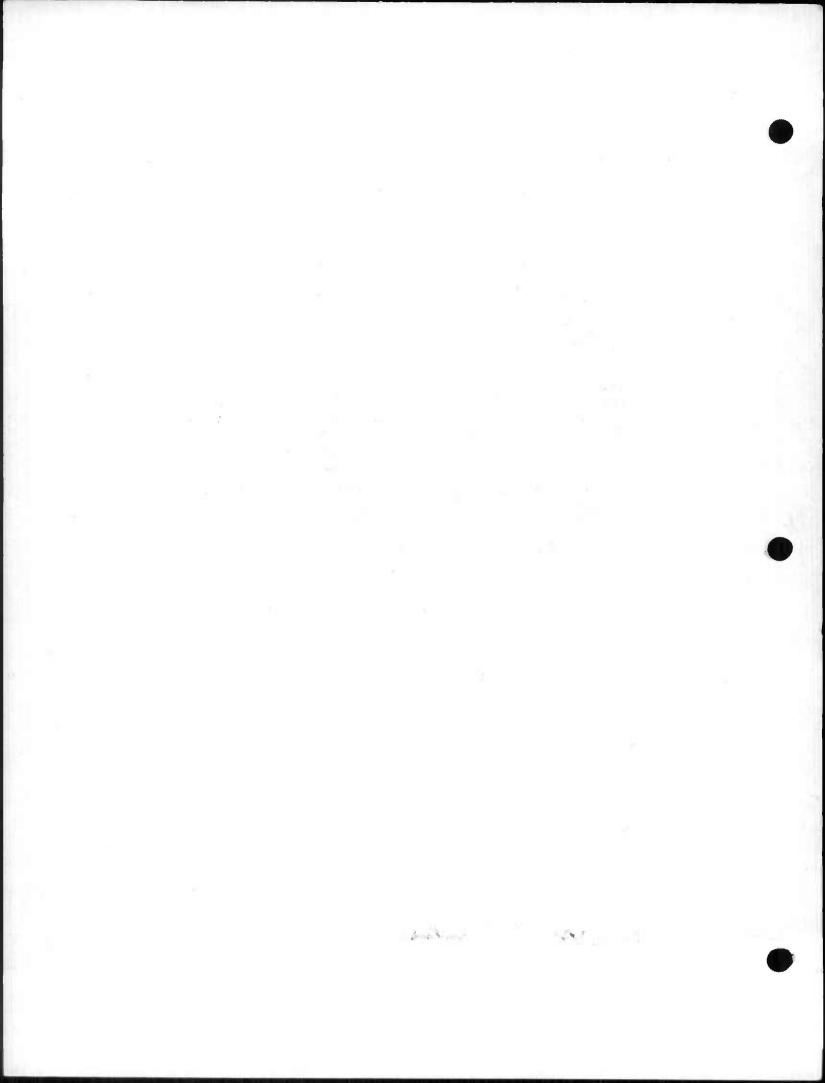
FEB 09 1998



ING PHYSICIAN: The law requires that the death certificate be executed writin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	state has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending be filed within 72 hours after death with the State Dept. of Health and Mental Hygi	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or	

									98	}	5182
	1 - FOR STATE REGISTRAR	STATE OF MAR				EALTH AND I	MENTAI	REG. NO.			
- V	1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			TIME OF OEATH
	Mamie M. Dev							7, 19	998		1:15 pm. M
		5. SEX 8. A	GE (In yrs. last bir	YRS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month	OF BIRTH 1, Day, Year) 10-191	0 50	Country) S	partanburg Carolina
	90. FACILITY NAME (II not institution, give stree PineView Nursin)	et and number)		9b.	CITY, TOWN (R LOCATION OF OR		10-13:	9c. COUNTY		
DIRECTOR	9106 PineView I	ane		c	1intor	, MD. 20	735		Prin	ice G	eorge's
E C	10a. STATE 10b. COUNTY		1	loc. CITY, TO	WN OR LOCAT	ION				100	. INSIDE CITY
	MD. Prince	George's		C1	inton,	Marylan	ıd			12	LIMITS? YES 2 NO
FUNERAL		iew Nursin	000"		101	. ZIP CODE			10g. CITIZEN		COUNTRY?
NE	9106 PineView Lane	2. Clinton			40 1110 555	20735				JSA	
	1 Never Married 2 Married	FORCES? 1 Y	ES 2 X NO	D	If yea, sp	ENDENT OF HISPAN	n, Puarto I		or No.— 14.	Black, WI	American Indian, hite, etc. Black
ВУ	3 X Widowed 4 Divorced	IF TES, GIVE WAN O	H OATES	17		2 X NO Specifi	γ.			арвспу:	2401
正	15. DECEOENT'S EDUCAT (Specify only highest grade co.	TION Impleted)	(Give I		AL OCCUPATION done during mo		18b	KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12) Elementary	College (1-4 or 5+)		omest				1	rivat	е	
OM	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
BE C	Brooks Dewberry	7				Alice	e Dew	berry			
0	19a. INFORMANT'S NAME (Type/Print) Peggy Sheelor					orive, Up				,	772
			20b. PLACE AND	-			PAT		CATION - CIN		
	20s METHOD OF DISPOSITION 1	al from State	cemetery, cremat	tory or other p			1	/98 C1i			State
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE 4	1 011110			D ADDRESS OF FA	distribution of				nerals
	Dharles (1.	Sliggs	D.		4906	Iverson 1				_	
	23. PART I. Enter the diseases, or con abook, or heart fellure. Lit IMMEDIATE CAUSE (Finel disease or condition resulting in death)	st only ona cause o	n aach lina.			de of dying, auc			ratory arreat	9	Approximate Interval Batween Onset and Death
			as a conseoue ardial	-		_					
CERTIFICATION	Sequentially list conditions, if any, landing to immediats		AS A CONSEQUE		CCIOII						
CA	cause. Enter UNDERLYING CAUSE (Disease or Injury				ory I	nsufficie	ency				
TIE	that initiated events	DUE TO (OR	AS A CONSEQUE	ENCE OF):							
CER	d.										
AL	PART II. Other significant conditions			ulting in th	a underiyin	g cause given in	Part I.	24a. WAS AN PERFOR		AW	RE AUTOPSY FINDINGS ILABLE PRIOR TO
OC	Dementia Anaemi	ia Transie	nt				_ '	1 TYES 2	X NO		MPLETION OF CAUSE DEATH?
M	Ischemic Attack DID TOBACCO USE CONTRI	DITE TO CALIS	OE DEATH	J VEC I	J NO P	UNCERTAI	N D			1[YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL	BUIL TO CAUS			heck only one	DINCERIAL					
SIC		HOSPITAL:	Outpatient 3 🗆		HER: Nursing Hon	ne 8 🗆 Realdence	6 🗆 Othe	er (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJL (Month, Day, Ye		28b. TIME OF	W	JURY AT ORK?	26d. DE	SCRIBE HOW I	NJURY OCCUP	RED	
BY	1 X Natural 5 Pending 2 Accident Investigation					YES 2 NO					
TED	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF IN. building, etc.	Specify)	, ferm, atree	, factory, offic			CATION (Street or Town, State)	and Number or	Rural Route	Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:										d manner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NU	MBER		29d. DATE S	IGNEO (MO	onth, Day, Year)
TO B	AND ADDRESS OF DESCRIPTION	(5)			m	Di	279	62	> 2	8 7	6
	30. NAME AND ADDRESS OF PERSON WHO	HANDR	P DEATH (ITEM 2	27) (Typo, Prin	Pis	CATAWA	7	RD.	CUK	176 N	20735
	FEB 09 1998	32 PERISTRARYS	SIGNATURED	Less.							





BRENDA LOVE

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

partinent	ULI	lealth and	Michigan	riyyid	2116
ertificate	of	Death		Dog	No

	1. Dec
Physician	
/Medical	
Examiner	4e Fed

Brenda Love

Funeral Director

the Maryland 28a-f show With

Director Funeral þ Completed

Be

7 is marked other than "natural", or frams 23a or 28a-f ahor traumatic avent, tra Medical Exaction must be notified at permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Nema 23a eny Injury or other traumatic event, if a Medical Exercise 200.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

Examiner

Physician/Medical

à

Completed

Be

0

Certification:

Medical

29a. Cartifier (Check or

29b. S

physician and the burist-transit The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760 attending p ached a 6 signed t been sign s certificate has b director, page 2 s director, or Attending Physician: this funeral After Director: A n 24 hours aft Funeral DI oletaly filled in the Hospital

edent's Name (First, Middla, Last) 2. Dete of Deeth 3. Tima of Death FEB. 3, 1998 10:45AM Dingle 4b. City, Town, or Location of Death cility Neme (If not institution, give street end number) 4c. County of Deeth 4600 ZION STREET FAIRMONT HEIGHTS PRINCE GEORGES If Undar 1 Yaar | If Under 24 Hrs. Birthplaca (Steta or Foreign Country) 5. Sociel Security Number 7. Aga (In vrs. lest birthdev) 8. Dete of Birth (Month, Dey, Year) Months Deys Hours 1 M & SF 36 Yrs. 215-88-2806 09-26-61 Washington DC Usuel Residence of Decedent 10e, Steta 10b. County 10c. City. Town or Location 10d. Inside City Limits Fairmont Heights 1 Yes 2 □ No Maryland Prince George's 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4600 Zion Street 20743 USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. Race - American Indian. 11. Maritel Status Bleck, White, etc. 1 ☐ Yas 2 ▼ No If Yes, Give Year or Detes: 1 Navar Married 2 Married 1 ☐ Yes 25 No Specify: **Black** 3 ☐ Widowed 4 ☑ Divorced 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) Police Officer Government 12th 18. Mother's Name (First, Middle, Meiden Sumeme) 17. Fether's Name (First, Middle, Last) John Lee Love Doris Hudley 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Reletionship (Type, Print) Doris Steward/Mother 11901 Cleaver Drive, Mitchellville MD 20721 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stata 2/7/98 Harmony Memorial Park Landover, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name end Address of Facility harles & Downson J. B. Jenkins Funeral Home 23a. Part / Enter the disaasa, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest,

Approximate shock, or heart failure. List only one ceuse on each line. Intarval Batween Onset end Deeth hal benentege Immediate Ceuse (Finel disease or condition resulting in deeth) Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Lest Due to (or es e consequence of): Due to (or es a consequence of): 23b. Did tobacco uea contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveileble prior to completion of ceuse of deeth? 24a. Wes en eutopsy performed? 1 XYes 2□ No 25. Wes case referred to medicel exeminer? 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home XX Residence 6 Other (Specify) XXYes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Neturel 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No Investigation 6 Could not be determined 3 Sulcide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, and due to the cause(s) and menner as steted.

Medical Examinar: On the besis of examinetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

O.C.M.E

29d. Date signed (Month, Dey, Year)

FEB. 4, 1998

ithin 2 ro the F

State Registrar

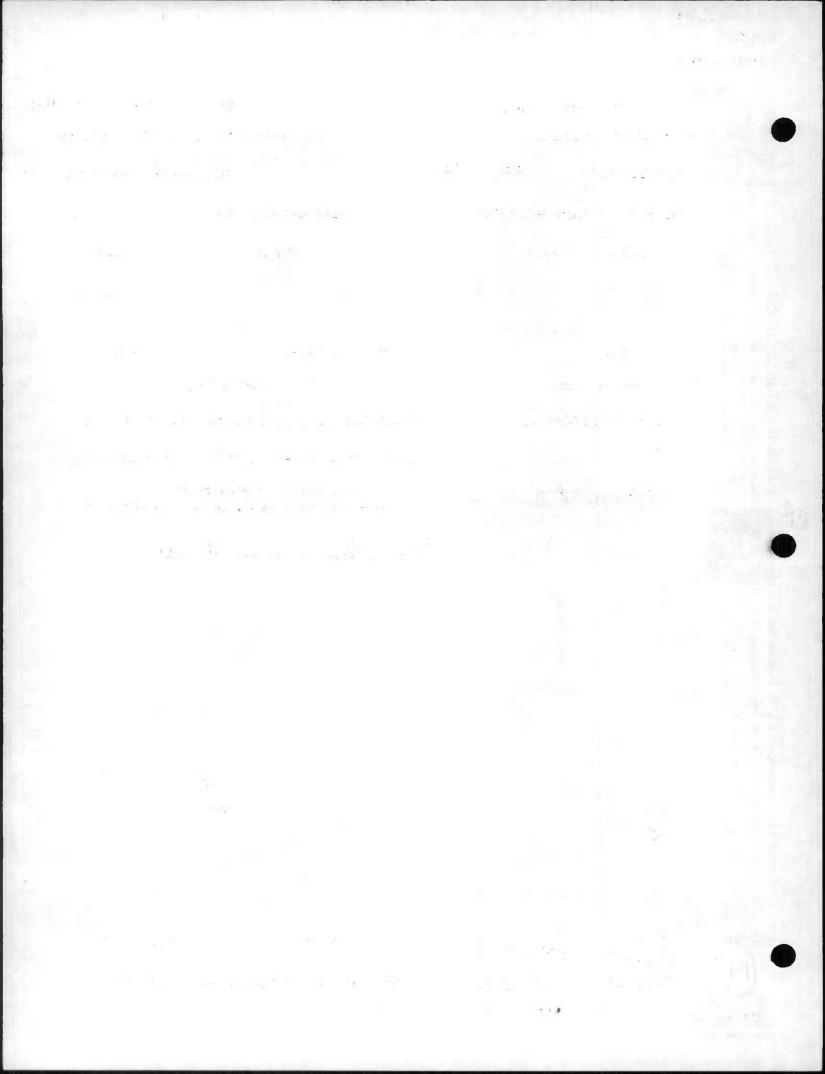
No Lock 31. Dete filed (Month, Dey, Year)

FEB

09 1998

111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signeture

eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)



	Decedant's Nama (First, Middla,		Certificate of		Reg. No.	05184
Physician /Medical	GEORGIA 4a. Facility Nama (If not institution,	M. DENNIE		_ Mc	nta of Death onth Day Yaa Nuary 31, 1998 of Death 4c. County of De	10:00 AM
Examiner uneral	Heartland of Hya	ttsville Nursing Sex 1 M 2 M F 7 Aga (In yrs. la.		Hyattsville, r if Undar 24 Hrs. 8. Da	MD Prince G	George irthplaca (Stata or Foraig
f show ed at	10a. State 10b. County		Town or Location			10d. Insida City Limits
iner must be notified interest of Director	10e. Street and Number 568 Nicholson St		ington, DC 10f. Zip Coda 2001	11	10g. Citizan of What (Country?
"neturel", or fermal and call Example in the call of t		12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas;	13. Was Decedant of If Yas, specify Cu	Hispanic Origin? (Specify Yoban, Maxican, Puarto Rican, Spacify:	as or No- atc.) 14. Race - An Black, Wi Specify: B 1	
the Medical		Education grada complatad) College (1-4or 5+)	16a. Dacedant's Usual Occi (Giva kind of work doni lifa. DO NOT usa ratir Currency Exam	a during most of working ed)	U.S. Gover	
		st)		Priann Edwar	, Middla, Maiden Sumama) rds	
E E	19a. Informant's Name/Relationshi				a Number, City or Town, State Washington, D	
= 6	20a. Mathod of Disposition 1 XBuriai 2 Cramation 3 4 Donation 5 Othar (Sp.	20b. Pla	ce of Disposition (Nama of natary, cramatory or other pl	ace) Date	e 20c. Location - City o	
any injury	21. Signature of Funary Service	ensee MMom_		ess of Facility er S. Pope Fun nnsylvania Ave	neral Home e SE,Washingto	on,DC 20020
oftending physician end in for use as the buriel-transit and clan/Medical Examiner	Immediata Causa (Final disaasa or condition resulting in death) Sequentially list conditions, if any, laading to immediata causa. Entar Undarfying Ceusa (Diseasa or Injury that initieted avants rasulting in death) Last	Dua to (or a	as a consequance of): as a consequance of): as a consequance of):	NDIO JAKU KAN	e Disease	ypans
d be deteched for use d by Physician/M	Pert II. Other signiffcant condition Author Man 3	contributing to death but not result	ing in tha undarlying causa g		3b. Did tobacco usa contribu	ite to the cause of death'
2 shoul		2xi8v		24	4a. Was an autopsy performed?	b. Wara autopsy findings available prior to complation of causa of daath?
or, page 2	25. Was casa rafarred to medical			26. Placa of Death (Chec	1 ☐ Yas 250 No	1 ☐ Yas 2 ☐ No
by the funeral director, per iffication: To Be Co	axaminar? 1 Yas 2 No 27. Mangatirai 5 Pending 1 Mayaturai 5 Pending 2 Accident invastiga	28a. Deta of injury (Month, Day Year) 2	8b. Tima of Injury 28c. injury	thar: 4 Nursing Homa 5	□ Rasidance 6 □ Othar (Space) ascribe how injury occurred	pecity)
ded in by the funeral Certification:	3 Suicida 6 Could no 4 Homicide datarmin	28a. Place of injury - At hom building, atc. (Specify)	a, farm, straat, factory, office	28f. Lo	cation (Straat and Number or it ty or Town, Stata)	Rural Routa Number,
completely filled in by the	29a. Certifier (Check only one) Certifying Certifying Certifying	Physician: To the best of my knowle aminer: On the basis of examinetion and mennar stetad.	edge, death occurred et the t n end/or invastigation, in my	ime, data and place, and du opinion, daath occurred at th	a to tha causa(s) and manner he time, dete end pleca, and d	as steted. ua to tha causa(s)
compl	29b. Signatura and titla of certifiar	0		0 1852	29d. Data signed (Mo FBRU Ary	
+ /	30. Nama and addrass of person w	o completed causa of daath (itam 2	3a) (Type, Print)	Λ.		

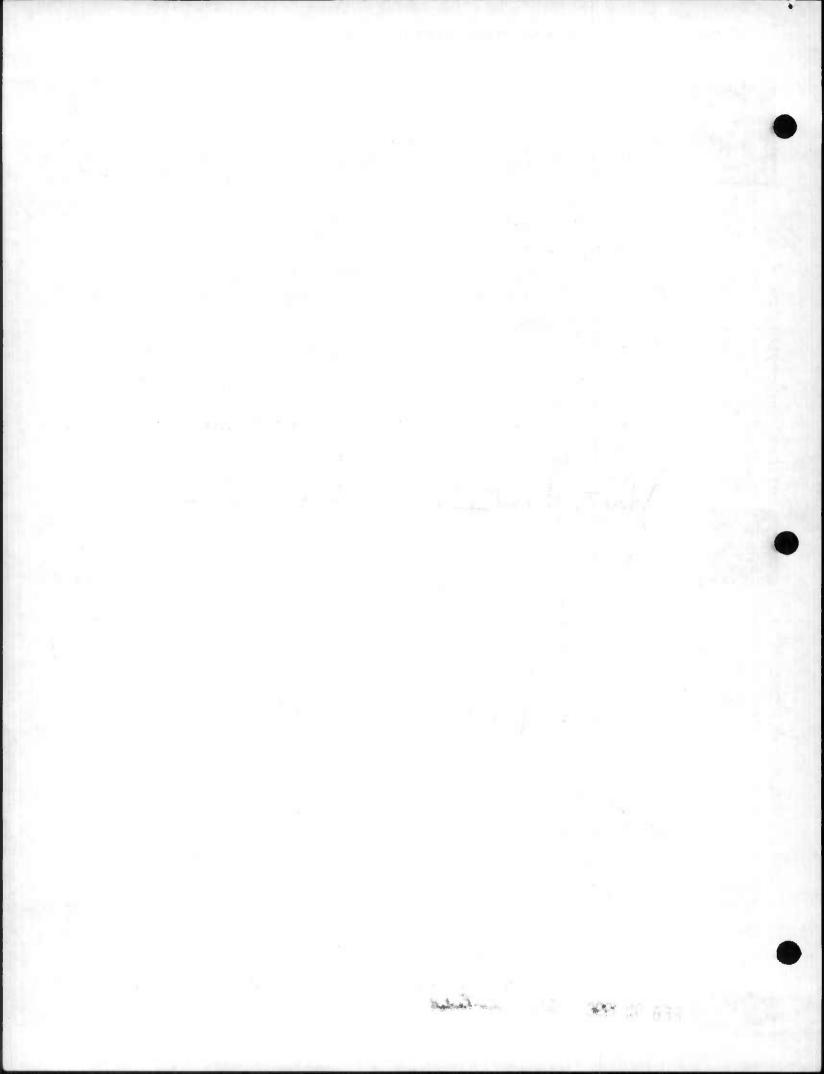
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State of Maryland / Department of Health and Mental Hygiene 🖣 🤉 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Time of Death Month **Physician** Alberta J. Daswell January 26 1998 5:15PM /Medical 4a. Fecility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Mariner Health Care of Southern Maryland Prince George's Clinton 7. Aga (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax Birthplace (State or Foreign Country) **Funeral** 1 M 2 J.F Yrs. Director 220-40-6554 Panama Oct. 26, 1912 Usual Residence of Decedent with the Maryland 10a State 10b County 10c. City, Town or Location permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Marylan Department of Health and Mental Hygiana. Important: If term 27 is marked other than "natural", or items 23a or 28a-4 show any injury or other traumatic event, fire Medical Example Institution or other traumatic event, fire Medical Example Institution or other traumatic event, fire Medical Example Institution or other traumatic event, fire Medical Example Institution or other traumatic event, fire Medical Example Institution or In 10d. Inside City Limits Maryland Prince George's 1 →Yes 2 No Director Clinton 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 9211 Stuart Lane 20735 United States Funeral 12. Was Decedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - Amaricen Indian, Black, White, etc. 1 Never Marriad 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Panamanian Specify: Panamanian þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Domestic Worker Private 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surname) Be Alexander Dascell Maria Biscayne 0 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 5403 Ingleboro Ct., Capitol Heights, MD 20743 isposition (Nama of Date 20c. Location - City or Town, Stafa Teresa Hursey/Grand-daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a, Mathod of Disposition 1 ☐ Burlai 2 ☐ Cramation 3 ☐ Ramoval from State Lee's Crematory 4 ☐ Donation 5 ☐ Other (Spacify) 1/31/98 Clinton, MD 22. Name and Addrass of Facility 21. Sideature of Funeral Service Liceasee Stewart Funeral Home 4001 Benning Rd., N.E. Wash., D.C. 20019 23a. Parl 1. Enfer the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Lasf Due to (or as a consequence of): Records, P.O. Box 68760. or any an Physician/Medical Dua to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? tha 1 | Yes 2 | No 3 | Probably 4 D Unknown by 24b. Were autopsy findings availabla prior to completion of ceusa of deeth? 24a. Was en autopsy performed? Completed peen cartificata has 202 No 1 □ Yes 2 □ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this cartific 25. Was cese referred to medicel examiner? 26. Place of Death (Check only ona) 1 Yes 2 No Hospital: Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA funaral 28a. Date of Injury (Month, Day Year) 27. Manger of Death 28d. Dascribe how injury occurred 28b. Time of 28c. injury at Work? Certification: 1 Natural 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a Medical 29a. Certifier 1🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. plataly (Check only one) 2 Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Taline P 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 1256 40 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) Khosrow Davachi, MD 1328 Southern Ave., S.E., Suite 202, Wash., D.C. 31. Date filed (Month, Day Year) FEB 02 1998

DHMH 16 Rev 6/95

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) Month ebruar 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Yary PRINCE George'S CLINTO/ If Undar 24 Hrs. 8. 5. Social Security Number If Under 1 Year 8. Date of Birth (Month, Day, Ye August 31, 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Days 1 X M 2 □ F Months Hours , 1956 Maryland 212-66-5893 41 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince Georges Brandywine 1X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3400 Malcolm Road 20613 USA 11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forces? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. 1 Never Marriad 2 Married 1 ☐ Yas 2 XNo If Yes, Giva Yaar or Dates: 1 ☐ Yas 2 No Specify: Specify: Black 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Janitorial PEPCO 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Earl F. Estep Sr. Hilda Johnson 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Cecelia Estep/Sister 3400 Malcolm Road Brandywine, Maryland 20613 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata TV Burial 2 Cremation 3 Removal from State

Physician /Medical Examiner

Physician

/Medical

Examiner

Director

Funeral

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permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumetic svent, the Medical Examinar must be notified as

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer deeth.

To the Funerel Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760.

4 Donation 5 Other (Specif	y) St	. Pary S Club	or ceretary red	Luary II, 1996 Bryan	itowii, liarytand
21. Signature of Juneral Service Licer	Edgo		and Address of Facility uneral Home 2060	05 Aquasco Road Aqua	20608 asco, Maryland
23a. Part1. Enter the deasa, or com shock, or heart failure. List only	plications that caused the decone cause on each line.	ath. Do not anter tha mo	oda of dying, such as cardia	c or raspiratory arrast,	Approximata Interval Batween Onset and Death
Immadiate Cause (Final disease or condition resulting in death)	a Septic	5 hock			
Sequentially the sea divisor	b. Diely:	(or as a consequence of	1 intertion		
Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	e End 5	tege Reva	Disease		
resulting in death) Last	d	or as a consequence of			
Part II. Other significant conditions o	ontributing to death but not re	sulting In the underlying	ceuse given in Part i.	23b. Did tobacco use co	ntribute to the cause of death?
				24a. Was an autopsy performed?	24b. Were autopsy findings available prior to completion of causa of death?
				1 ☐ Yes 2 🗖 No	1 Yas 2 No
25. Was cesa referred to medical examiner?			26. Place of De	ath (Check only one)	
1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2	☐ ER/Outpatient 3☐ D	OA Other: 4 Nursing I	Home 5 ☐ Residence 6 ☐ Oth	er (Specify)
27. Manner of Death 1 Shatural 5 Pending 2 Accident investigation		28b. Time of Injury	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occur	red
3 Suicide 6 Could not be determined		home, farm, street, facto	ry, office	28f. Location (Street end Numb City or Town, Stete)	per or Rurei Route Number,
29a. Certifier 12 Certifying Ph (Check only 2 Medical Exam	ysician: To the best of my kn niner: On the basis of examin and manner stated.	owledge, death occurred ation and/or investigation	d at the time, date and plac n, in my opinion, death occ	e, and due to the cause(s) and ma urred at the time, date and place,	anner as stated. and due to the cause(s)
29h Signature and title of certifier	_	20	ac I Icanea number	20d Data signa	d (Month Day Veer)

State Registrar

29d. Date signed (Month, Dey, Year)

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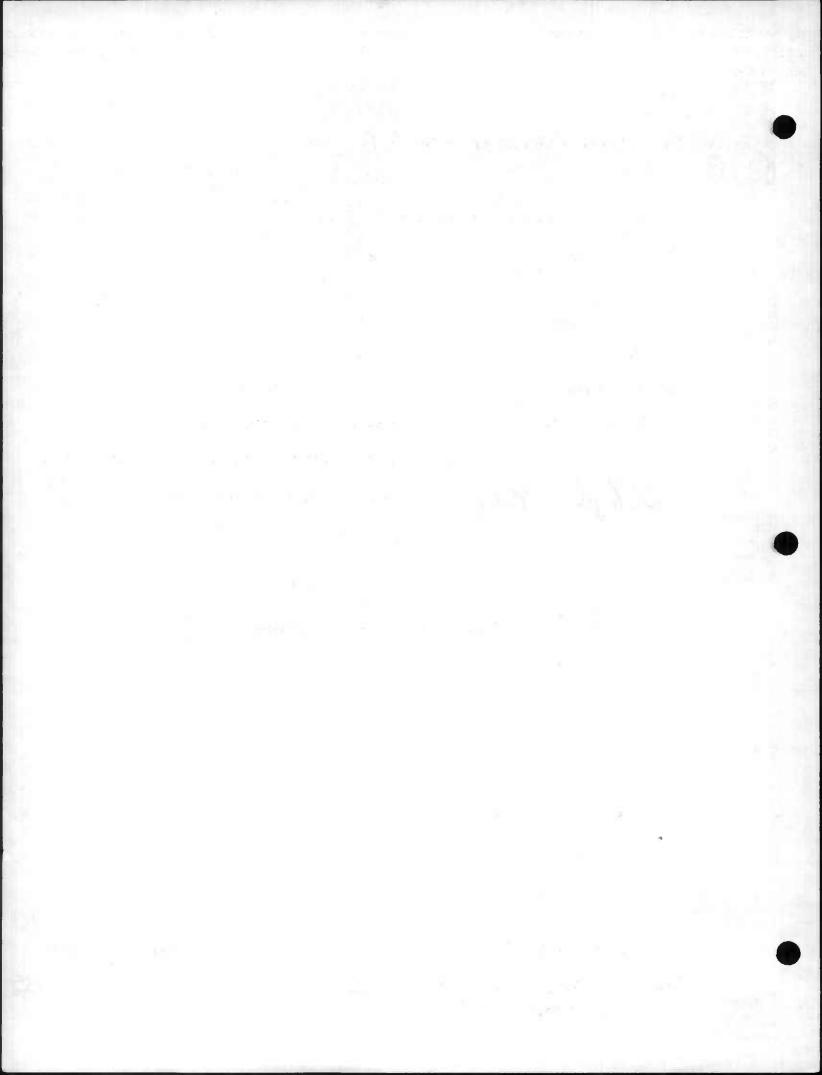
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OFEBRUARY 1998 32. Registrar's Signature



State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death

	0	Physic /Medi Exami	cal	4
5-0020	72 hours after death with the Maryland	natural, or items 23a or 28a-i show	sted by Funeral Director	1

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than ", any fujury or other traumatic event, the Mental Pages. Baltimore, Maryland 2121 Compi Be 2 **Physician** /Medical Examiner attending physician and for use as the burial-transit P.O. Box 68760. The law requires that the death certificate be Physician/Medicai signed by t Records, à Be Completed page 2 s certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 10 Certification: Medical

Decedent's Name (First Middle Lest) 2. Data of Daeth 3. Time of Death Month Helen Elizabeth Dorsey Ecker February 4, 1998 11:00 am a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 6001 Oakland Mills Road Columbia Howard If Under 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. Social Sacurity Number 8. Date of Birth (Month, Day, Aug 7, 7. Aga (In yrs. last birthday) Birthpleca (Steta or Foreign Country) 1□M 2⊠F Days Yre 90 215-30-6657 Maryland Jsuel Rasidance of Decedent Oa. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 No Howard Columbia Oe. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6001 Oakland Mills Road 21045 USA 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Giva Yaar or Datas: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Raca - American Indian, Bleck, White, atc. 1 ☐ Never Married 2 ☐ Merried 1 Yes 2 No Specify: Specify: White 3 Widowed 4 Divorced 16a. Decedent's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elementary/Secondary (0-12)
Grade 6 College (1-4or 5+) Housewife Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Nema (First, Middle, Meiden Sumeme) Charles Dorsey Louise Brunner 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Steta, Zip Code) Samual A. Ecker/son 6001 Oakland Mills Road, Columbia, Maryland 21045 20b. Place of Disposition (Nema of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Buriai 2 □ Cramation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Christ Episcopal Cem. 2/9/98 Columbia, Maryland 21. Signature of Funeral Sarvica Liperises 22. Name and Address of Facility
Donaldson Funeral Home, P.A. 47 313 Talbott Ave. Laurel, Maryland 20707-4389 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heerit failuge. List only one ceusa on each line. Approximate Interval Batween Onset and Death immedieta Ceuse (Final CONGESTIVE HEART FAILURE 5 YEARS disease or condition resulting in death) CORUNARY ARTERY DISEASE SYEARY Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yas 2 ☑ No 3 Probably 4 Unknown CEREBRAL IN FARCTION 24b. Wera autopsy findings available prior to complation of causa of death? 24a. Wes an autopsy performed? ESU PIZA GITIS 1□ Yas 2☑ No 1 Yes 2 No 25. Was case referred to medical axaminer? 28. Place of Death (Chack only one) Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manger of Death 28a. Date of injury (Month, Day Year) 28b. Time of 28c. injury at Work? 28d. Describe how Injury occurred Netural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Sulcide 8 Could not be 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homleide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and piece, and due to the cause(s) end manner as stated.
2 Medicat Examiner: On the basis of examinetion and/or investigation, in my opinion, daath occurred at the time, dete and place, and due to the cause(s) and manner steted. 29e. Certifier (Check only

29c. Licanse number

29d. Date signed (Month, Day, Year)

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FEBRUARY 5,1998

State Registrar

31. Data filed (Month, Dey, Year) FEB 0 5 1998

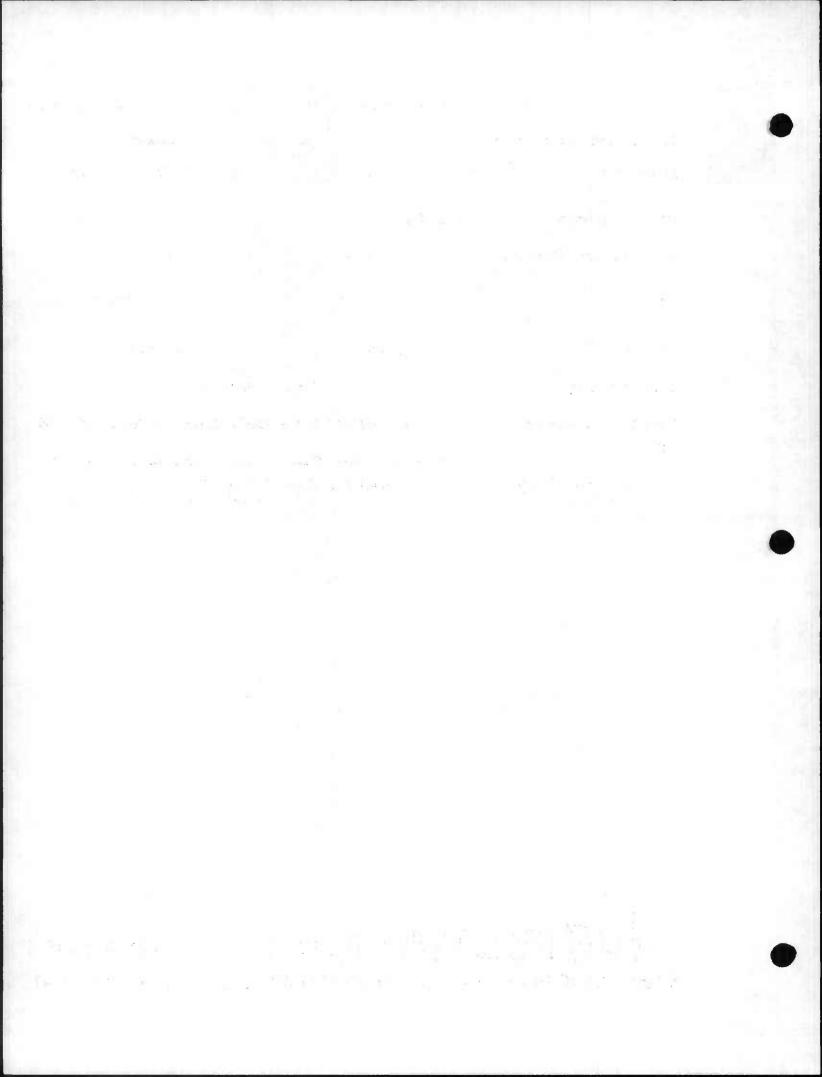
nd title of certific

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29b. Signature

COTT





State of Maryland / Department of Health and Mental Hygiene

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		7. Fether's Neme (First, Middle, Last DAVID ECKER							a, Maidan Suman SCHOEBE	,
is me traum		19e. informent's Name/Relationship (REV.DR. REICH)					IRS DR			Stete, Zip Code) MD • 20850
ury or other	2	Oe. Method of Disposition 1 ☑Burial 2 ☐ Cremetlon 3 ☐ 4 ☐ Donetion 5 ☐ Other (Speci			ry, cremato	n (Name of bry or other ple CEMETE		Deta 2/7/98		City or Town, Steta INISTER, MD.
important: if any injury or once.		21. Signature of Funeral Service Lice 23. Pert1. Enter the disease or both shock, or heart feilure.				HYSON	ess of Fecility	INC.		
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		1 Yes 2 No 7. Mannar of Deeth 1 Naturel 5 Pending 2 Accident Investigation	Hospitel: 1 Inpatient 28e. Date of Injury (Month, Dey)		Time of injury	28c. Inju		_	sidenca 8 Oth how injury occur	
be Director: Attention in by the funeral Certification:		3 ☐ Suicide 6 ☐ Could not be detarmined		At home, fa (Spacify)	ırm, street,	factory, office			(Street end Numt own, Stete)	per or Rurel Route Number,
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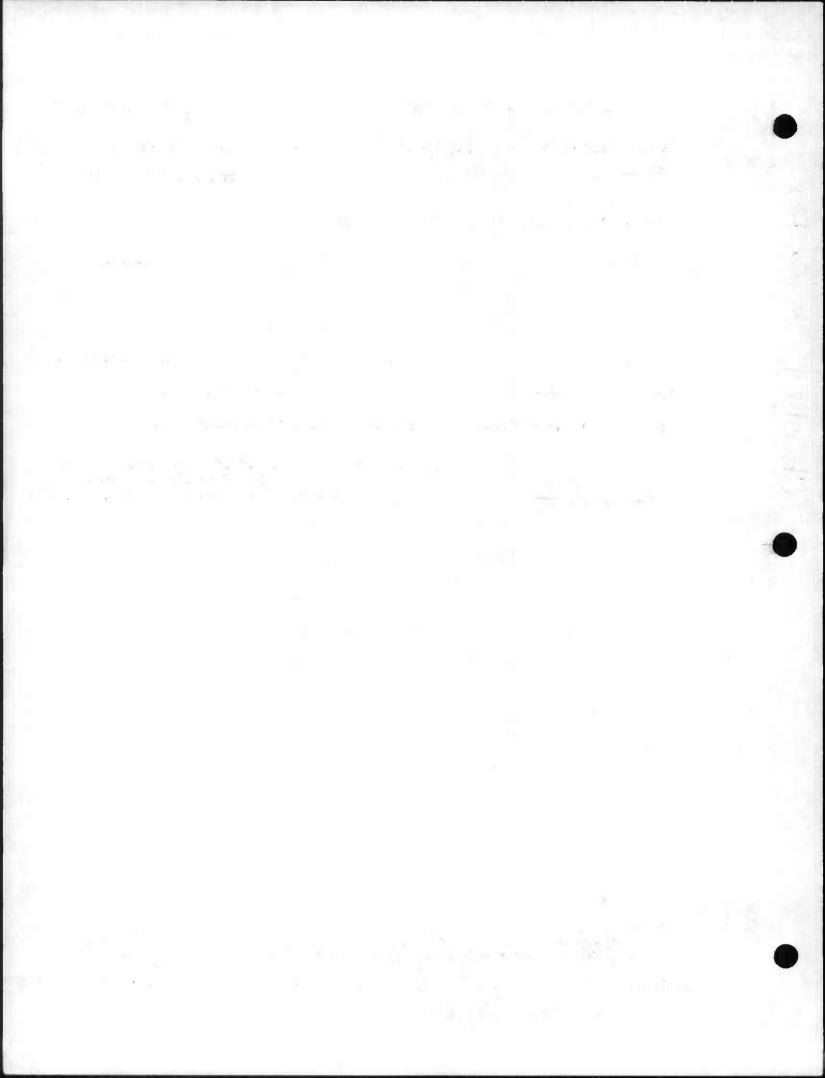
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State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Christina Victoria Jerves Fox rebruar /Medical 4a. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Washing Prince Washington ort MOSPITA If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, 6. Sex 9. Birthplaca (Stata or Foreign Country) **Funeral** Months Days 1□ M 25 F 576-09-5071 79 Yrs Director Hawaii 12,1918 Nov. Usual Rasidance of Decadant 72 hours after death with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 1 Yas 2 No Directo Maryland Prince George's Fort Washington 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Dristing Jerye 20744 U.S.A. Funeral 1601 Lee Road 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 Navar Married 2 Married 1 ☐ Yas 2 XNo If Yas, Giva Yaar or Datas: White 1 ☐ Yas 2 🗓 No Specify: þ XX Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry es 1 and 2 should be filed within of Health end Mental Hygiene. Elemantery/Secondary (0-12) College (1-4or 5+) U.S. Arq. Dept. Legal Secretary 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Anna Marie Pereira Pages 1 and 2 should 2 Manuel Jerves 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 714 Kanaha Street Kailua, HI 96734 27 Bernadine Robinson (Niece other 1 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata = 8 important: H any Injury o 4 ☐ Donation 5 ☐ Othar (Specify) Feb. 6,1998 Clinton, Maryland Lee Crematory 21. Signature of Funaral Sarvice Lice 22. Nama and Addrass of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 Part1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Between Onset and Death Physician immediata Causa (Final disaasa or condition rasulting in daath) /Medical neumonia **Examiner** Examiner physician and the burial-transit requires that the death certificete be executed Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Ceusa (Disaesa or Injury that initiated avants rasulting in death) Last Division of Vital Records, P.O. Box 68760, ardiovascular MOSCIEROTIC Physician/Medical Dua to (or as a consequence of) attending pl aration signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ependent À 24a. Was an autopsy performed? 24b. Wara sutopsy findings available prior to Completed completion of cause of death? N/A page 2 s has 1 🗆 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Hospital or Attending Physician: funeral director, Be 25. Was casa rafarred to medical axaminar? 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Rasidence 6 Other (Specify) 1 Yas 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this Certification: 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Pending invastigation 1 Natural 2 Accident after death. 1 ☐ Yas 2 ☐ No 6 Could not be determined 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At home, ferm, straat, factory, office building, atc. (Specify) 4 Homicide 24 hours 1 Certifying Physician: To the bast of my knowledge, death occurred at the tima, data and place, and due to the causa(s) and mannar as stated.

| Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. To the Hospi within 24 hou To the Funer completely fil 29a. Certifier edicai 29b. Signature and title of deville 29c. Licanse number 29d. Data signed (Month, Day, Year) of person who complated causa of doubth (them 234) (Type, Print) Livingston Road, Fort Washington, MD (Cannaughy 11418 32. Registrar's Signatura 31. Data filad (Month, Day, Year) State FEB 1 Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Death 3. Tima of Death Month **Physician** February 5, Harry Jacob Farver 1998 6:31 AM /Medical 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Fr
If Undar 1 Year | If Undar 24 Hrs. | 8. Data of Birth
(Month, Day, Year) Frederick Memorial Hospital Frederick 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 6. Sax Birthplaca (Stata or Foraign Country) **Funeral** 10℃ M 2□ F Months 78 Yrs. Director 212-14-3778 Sept. 4, 1919 MARYLAND Usual Rasidence of Decedant the Maryland 10a. Stata permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Marylan Department of Health and Mentel Hygiene.
Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other treumstic event, the Medical Examiner must be notified at once. 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 X No Directo MAryland Carroll New Windsor 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 15419 Barnes Rd. 21776 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? D⊠ Yas 2 □ No If Yas, Giva Yaar or Datas₩WII Was Dacedent of Hispanic Origin? (Specify Yas or No-It Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 11. Marital Status 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highast grada complated) 16h Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 8th Carpenter Construction 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumama) Be Harry O. Farver Martha F. Snyder 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) HELEN FARVER (WIFE) 15419 Barnes Rd. New Windsor, MD 21776 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Bethany Cemetery Feb. 9 1998 New Windsor, MD 21. Signature of Funeral Service Licen 22. Nama and Addrass of Facility Burrier-Queen Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart tailure. List only one cause on each line. Approximata Intervel Batween Onset and Daath **Physician** MIDUTES TO PULMONARY (RESPIRATORY) FAILURE

Dua to (or as a consequence of): /Medical Immediata Cause (Finel HOUR5 disaesa or condition rasulting In death) Examiner Examiner PULMONITIS (CAUSE UN KNOWN) WEEKS physician and s the burial-trensit The law requires that the death certificate be executed Dua to (or as a consequance ot) Sequantially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Disaase or Injury that Initiated avents rasuiting in daath) Last P.O. Box 68760. YEARS Physician/Medical Dua to (or as a consaquance of): 98 cate has been signed by the a page 2 should be detached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2⊠ No 3 Probably 4 Unknown Records, by 24b. Wara autopsy findings available prior to complation of cause ot death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No certificate Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p Be 25. Was casa rafarred to medical 26. Place of Deeth (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☑ DOA 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? Certification: 27. Menner of Death 28b. Tima of 28d. Dascribe how Injury occurred 1 Watural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not ba datamined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28t. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 D Homicida 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifiar Medical (Check only one) 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) m 30. Name and eddress of person who completed cause of deeth (Itam 23a) (Type, Print)

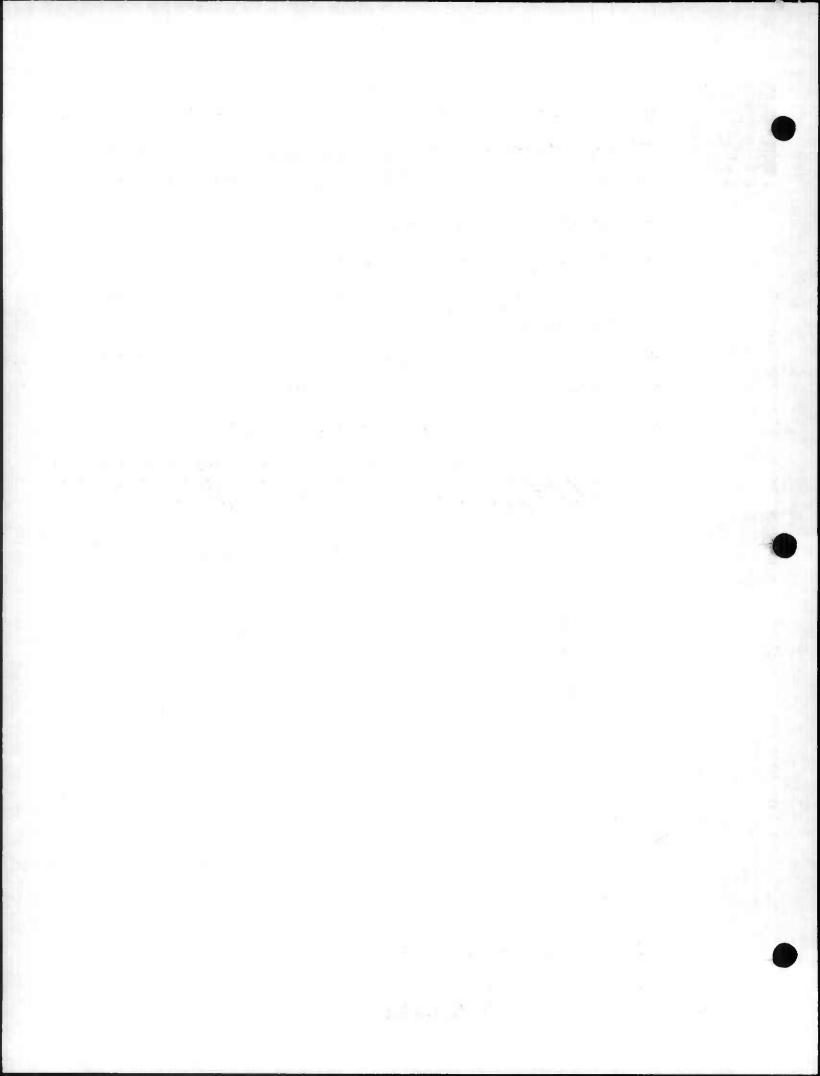
WILLIAM R. LINTHICUM, M.). 1 Kings Drive, Taneytown, MD 21787

32. Registrar's Signatura

DHMH 16 Rev 6/95

State Registrar

31. Data filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene O O

100		1. Dacedant's Nam	a (First Min	idia I aci)			Cer	titicat	e of	Death	2. Data of D	Reg. No.		2 Time of Danie
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/Medic		4a. Facility Nama (If not Institut	ion, giva			1					r Location of Dea	h 4c. Cour	ty of Death	12.40 A
LAGIIII	161	WESTMIN	STER	NUR	SING	& C	ONV	ALESC	ENT		WESTMI	NSTER		RROLI	
Funeral Director		5. Social Security N 213-18- Usual Rasidance of	Number 8357	6. Sa		7. Aga	(In yrs. 87	last birthday) Yrs.	if Unda Months	1 Yaar Days	If Undar 24 H Hours Mi		nth ay, <i>Year)</i> 1910	9. Birth Cou MAR	piaca (Stata or Forai ntry) YLAND
Mo W		10a. Stata	10b. Coun	ty			10c. Cit	y, Town or Loc	ation						10d. Insida City Limi
H D	ctor	MD.	CARF	COLL			M	ESTMI	NSTE	ER					X□Yas 2□N
or 28	Director	10a. Street and Nu	mbar	19					10f. Zip	Coda			10g. Citizan o	What Cou	ntry?
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"natural", or items 23s or 28s-f show ledical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Navar Marr 3 ☐ Widowed			12. Was Dec Armed Fo 1 ☐ Yas If Yas, Go Yaar or D	orcas? 2XNo iva		If			fispanic Origin? an, Maxican, Put Spacify:	(Specify Yas or Narto Rican, atc.)	Spec	ack, Whita,	
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other t		17. Fathar's Nama	/Eiret Middle	a (act)	3	3			1.66	CILL		and (First Affide			ч
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marked o	70	19a. Informant's N	ame/Ralation							Street		Rural Route Numl			
27 is 27 is trau		PEGGY H				псн	ਰਚਾ					NEW WI			
tam:		20a. Mathod of Dis	position				20b. P	lace of Dispos	Ition (Nar	na of		Data	20c. Location		
nent of a		W☐ Burial 2 4 ☐ Donation			lamovai from	Stata		ematary, cram STMINS				2/6/98	WESTM	TNST	ER, MD.
Department of Health and Mental Hyg Important: If Itam 27 is marked other any injury or other traumatic event, once.		21. Signature			aa			22.	Nama an	d Addra	ss of Facility F	LETCHER	FUNEF	AL H	
OI W	8	Immadiata Cause disases or condition disases or condition as ultimated in the cause of any, leading to implement that initiated events resulting in death) I	nditions, nmadiata irlying injury	{	:.	D	ua to (o	r as a consequence of as a consequence as a consequence of a consequence o	ence of):	for	etim				4 ml
etter I for u	clar	D . II . D													
ned by the ettendin dateched for use	by Physician/M	Part II. Other signif	Icant condit	lons con	tributing to d	leath but	not rasu	ulting in tha un-	darlying c	ausa giv	an in Pert I.		Yes 20 No		the cause of deat
es been signe 2 should be	Completed b												an autopsy rmed?	av	ere eutopsy findings ailable prior to mplation of causa daath?
pege	50											10	Yes 🕭 No	10	☐Yas 2☐No
is certificata hes director, pege 2	Be	25. Was case refare examinar?	red to medic									aath (Check only	ona)		
6 3	5	1 Yas 2				Inpatiant	201	ER/Outpatient			4 EN Nursing	Home 5 Ras			y)
After	lon	27. Mennar of Death 1 Natural	5 Pandi		28a. Data (Mon	of Injury	Year)	28b. Tima of Injury		8c. Injur Wor	k?	28d. Dascribe	how injury occu	rred	
Director: After t	Certification:	2 Accidant 3 Suicida 4 Homicida	6 Could	igation I not be mined	28a. Piace buildi	e of Injun	y - At ho (Specify	ma, farm, stre	M at, factory		Yes 2 □ No	28f. Location (City or To	Straat and Num wn, Stata)	ber or Rura	il Routa Number,
	edical C	29a. Cartifier (Check only one)	12 Certifyi 2 Medica	ng Phys I Examin	Ician: To the ear: On the ba and man	asis of a	xaminati	vledga, daath ion and/or Inva	occurrad a stigation,	at tha tin In my o	na, data and place pinion, daath occ	e, and dua to tha currad at tha tima,	causa(s) and n data and place	annar as s , and dua to	tated. o the cause(s)
To th		29b. Signatura and	titla of certifi	ar		Mai		1	290	. Licans	a number		29d. Data sign	ad (Month,	Day, Yaar)
		for	mw	m	Mile	eton	n	20		0	254	43	2/3/	98	
		30. Neme and addre	ss of person	who co	mplatad caus	sa of dea	th (Itam	23a) (Typa, P	rint)	John	w. Mid	dleton,	- 4	1	-0
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Johns Muchelland Das 193 23/28 TELL IS 1301 M. Asian Casa

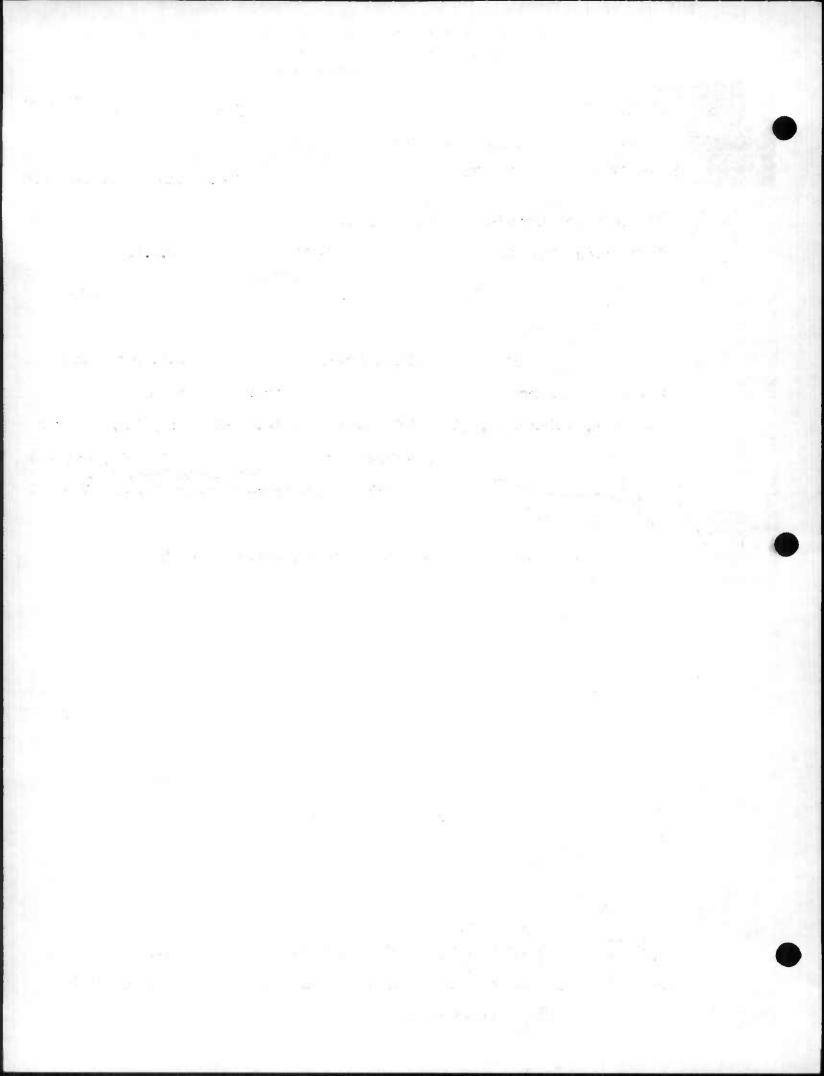
State Registrar 31. Date filed (Month, Dey, Year) FEB 08 1998

32. Registrar's Signeture

4 4

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Maryland	Certificate of		Reg.	20	05193
	Physici /Medi		1. Decedent's Name (First, Middle, Last) JEAN S. GIBBONS			2. Date of Death Month FEBRUAR		3. Ti f th
	Examir		4a. Facility Name (If not institution, give street and number)		4b. City, Town, or Loc		4c. County of I	
Н	Funeral		FRINCE GEORGES HOSPITAL CO 5. Social Security Number 6. Sax 7. Aga (In yrs. last	birthday) If Undar 1 Yaar		8. Data of Birth		GEORGES Birthplace (State or Foreign Country)
ě.	Director		220-16-7498 ¹□ M 2□XF 72	Yrs. Months Days	Hours Min.	March 6		Washington DC
	pue M.		Usual Residence of Decedent 10a. State 10b. County 10c. City, To	own or Location				10d. Inside City Limits
	the Maryler 28a-f show	tor	Maryland Prince George's Cap.	itol Heights				1 ☐ Yes 2 ☐ XNo
	or 284	Direc	10e. Street and Number	10f. Zip Code	20.0	109	. Citizen of Wha	at Country?
	sath w	Funeral Director	9318 Dogwood Park Street 11. Marital Status 12. Was Dacedent Ever in U.S.)743	eif. Van ar Na	U.S.A.	American Indian,
020	within 72 hours efter death with the Marylend ene. than "natural", or items 23e or 28a-1 show ha Miculcal Examiner must be nutified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was Dacedant Evar in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Yaar or Datas:	13. Was Dacedent of H If Yes, specify Cub 1 ☐ Yes 2 ☑ No	Specify:	Ricen, etc.)		White, etc. White
21215-0020	I within 72 ho iene. Than "natur the Medical	Completed	(Specify only highest grada completed) Etementary/Secondery (0-12) College (1-4or 5+)	6a. Decedent's Usual Occup (Give kind of work dona life. DO NOT use retire	during most of workind)	ng .	b. Kind of Busin	
	77 75 16 18	Be Cc	12 17. Father's Nama (First, Middle, Last)	Administrativ	18. Mother's Neme			vernment
Maryland	d 2 should be filed within h end Mental Hygiene. 7 Ie marked other than treumetic event, the Ma	To B	Eugene Summers		Marie	on I	Borman	
Mar				9b. Malling Address (Street				
	of Health		20a. Method of Disposition 20b. Place	10505 Cedary of Disposition (Name of stery, cremetory or other ple	Feb 7, 1	12-2 Bra		e, MD 20613 y or Town, State
imo	0 0			ee Crematory				tn, Maryland
Baltimore,	permit. Pa Departmen Important: any injury once.		21. Signature of Funeral Service Licensee	22. Name and Addra	,	e Funera Ferry R		Inc. on, MD 20735
		1	234 Part Enter the disease, or complications that caused the death. Description of the cause on each line.	o not enter the mode of dyli	ng, such es cerdiec o	r respiratory arrest	P	Approximate Interval Between
	Physician /Medical	6	Immediate Cause (Final		TIO 0 4 401-	14 0 4 1 . 0	OICEM	Onset and Death
1	Examiner	-2.01	disease or condition resulting in death) Due to (or es	a consequence of):	TIC CARVIOL	/ASCULAR	. VISEAS	E
٠	po as	liner	, b.					
Ć.	and mand in trans	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseasa or Injury that Initiated events Due to (or as	a consequence of):				
68760,	ificate be executing physician and set the burier man	edical	Cause (Diseasa or Injury that Intilated events resulting in death) Last Due to (or as	a consequence of):			E .	
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Box	leath certif ettending I for use e	iclan	Post II Other standings to a distance of the standing to the s	1. Ab	Marie Barre	non Didash		
P.O.	es that the de igned by the e be deteched to	Physician/M	Part II. Other significent conditions contributing to death but not resulting	g in the underlying ceuse giv	ven in Paπ I.			bute to the cause of death? ☐ Probably 4 Unknown
Ś	uires the signed ild be de	þ						/
Record	beer shou	Completed				24a. Was an a performe		24b. Were autopsy findings available prior to complation of cause of death?
Re	The lav	dwo				1 ☐ Yes	2MNo	1 ☐ Yes 2 ☐ No
Vital		BeC	25. Was cese referred to medical examiner?		26. Plece of Death	(Check only one)		
of	this al di	. To	1 Yes 2 No Hospital: 1 □ Inpatient 2 FR/	Outpatient 3 DOA Oth	4 U Nursing Hon	ne 5 Residence		(Specify)
		ation	1 Natural 5 Pending (Month, Day Year) 2 Accident Invastigation	Injury Wo	rk? Yes 2 □ No	.00. 50001150 11011	injury occurred	
Division	Hospital or Attending 24 hours efter death. Funeral Director: After Nely filled in by the fune	Certification:	3 Suicide 6 Could not be determined 28e. Place of Injury - At home, building, etc. (Specify)	farm, street, factory, office	2	28f. Location (Strae City or Town, S		or Rural Route Number,
	To the Hospital within 24 hours e To the Funeral I completely filled	edical	29a. Certifier (Check only one) Certifying Physician: To the best of my knowled to make the control of the past of examination and manner stated.	ige, death occurred at the til and/or investigation, in my o	me, date and place, a ppinlon, death occurre	nd due to the caused at the time, date	se(s) and manno and place, and	er as stated. I due to the ceuse(s)
	To the within 2 To the comple	M	29b. Signature and title of certifier	29c. Licens				Month, Day, Year)
			James of Joseph W	DWE DE	33954	F	BRUDR	76,1998
			30. Name and address of person who completed cause of dyath (Item 23) MAKIO F- GOLLE JR MD 300)	DME DA e) (Type, Print) HOSPITAL OR	NE CHOW	ERLY M	DRYLAN)	D 20785
	Sta	te		0.	11-1 SHEVI	(1
	Registr	ar	FEB 1 1 1998 Jebi Studeo	restate				



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Nama (First, Middla, Last) Data of Death **Physician** Rhea Etta Griffin /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death Westminster

If Under 1 Year | If Under 24 Hrs. | 8. Data of Birth (Month, Day, Year)

Oct. 5, 19 4c. County of Deeth **Examiner** Carroll County General Hospital 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthpiaca (Stata or Foraign Country) **Funeral** 1□M 20 F 219-20-4092 Yrs. 93 Director 1904 Maryland Usual Rasidance of Decedant 10a. Stata 10b. County 10c, City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Carroll Union Bridge 1 ☐ Yas 2 No Maryland Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 6 77 Hoff Rd. U.S.A. Funeral 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Yas 2 ဤ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 Yas 2 No Specify: Specify: White à 3 Widowed 4 □ Divorced Completed 16a. Decedant's Usual Occupation 15. Decedent's Education 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratired) (Specify only highast grada complated) Elamentary/Secondary (0-12) Coilaga (1-4or 5+) Homemaker Own Home 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middla, Maiden Sumama, 8 Samuel T. Fleming Alberta Davis 2 19a. informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) -77 Hoff Rd. Union Bridge, Md. 21791 Jerry Griffin/son 20b. Place of Disposition (Nama of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Pipe Creek Cemetery 2/7/98 nr. Linwood, Md. 22. Nama and Address of Facility Hartzler Funeral Home 21. Signature of Funarai Sarvice Licenses Union Bridge, Md. 21791 6 E. Broadway 23a. Part I. Entar tha disaasa, or complications that causad the death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Batween Onsat and Death **Physician** Immediata Causa (Final disaasa or condition rasulting in daath) /Medical Examiner Physician/Medical Examiner tread The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events a consequence of): physician s the burial Division of Vital Records, P.O. Box 68760. Dua to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Ž 1 Yes 2 No 3 Probably 4 Unknown bengis of the del à Completed 24a. Was an autopsy performed? 24b. Wara eutopsy findings aveilable prior to completion of cause of daath? page 2 a 2D No 1 Yas 2 No certificate Attending Physician: 25. Was case referred to medical Be 28. Place of Death (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yes 25 No 1 inpatiant 2 ER/Outpatient 3 DOA ã 28c. injury at Work? 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28d. Dascribe how injury occurred Attac 5 Pending investigation Natural 1 ☐ Yes 2 ☐ No death. 2 Accident or Attend after death Director: A d in by the 6 Could not be 3 C Suicide 28a. Place of injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Straet and Number or Rural Routa Number, City or Town, Stata) 4 C Homicide n 24 hours at he Funeral Di plotely filled in Hospital edical 29a. Certifier Certifying Physicien: To tha best of my knowledge, daath occurred at tha tima, data and place, and dua to the causa(s) and mannar as stated.

| Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the causa(s) and mannar stated. To the Hor Within 24 h To the Fur completely 29c. Licansa number 29d. Data signed (Month, Day, Year) 296-Signature and title of certifie 98 906 person who compiated causa of daath (Itam 23a) (Type, Print) 31. Data filed (Month, Day, Year) 32. Bagistrar's Signatura

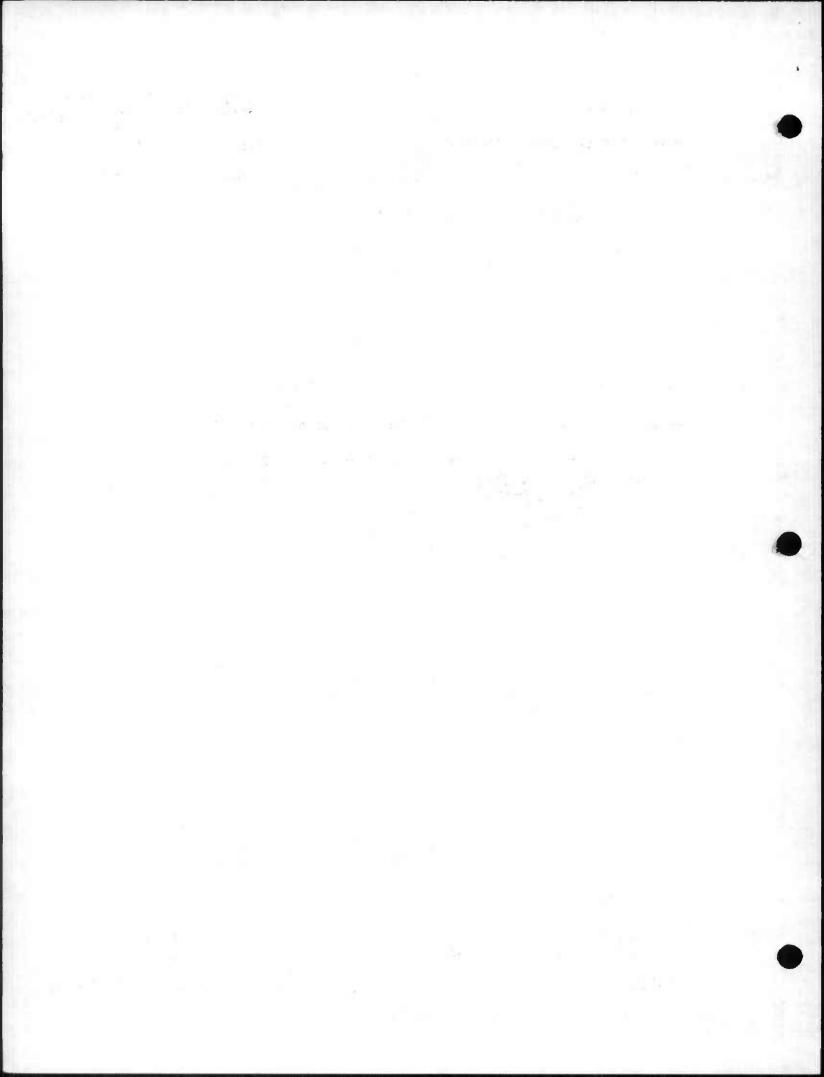
Wa Davidson Rardall

DHMH 16 Rev 6/95

State

FEB 09

Registrar



State of Maryland / Department of Health and Mental Hygiene ?

Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death OUISE GLASS **Physician** 1998 8:01 PM FEB. /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Neme (If not Institution, give street and number) Examiner WESTMINSTER
If Under 24 Hrs. 8. Date of I
Hours Min. (Month, CARROLL COUNTY GENERAL HOSPITAL CARROLL If Under 1 Year Birthplace (Stata or Foraign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) **Funeral** Months Days 1 M 2 F Yrs. 83 217-20-4168 Director 10/18/1914 MARYLAND Usual Residence of Decedent with the Maryland 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at MYes 2□No CARROLL WESTMINSTER Director 10f. Zip Code 10g. Citizen of What Country? 10e. Street and Number 20 TIMBER RIDGE DR. 21157 USA. e filed within 72 hours after death all Hygiene.
other than "natural", or items 23: Funeral 14. Race - American Indien. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Bleck, White, etc. 1 ☐ Yes 2X No If Yes, Give Year or Dates: 1 □ Never Married 2 □ Married 1 Yes 2 No Specify: Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada complated) College (1-4or 5+) Elementery/Secondary (0-12) SECRETARY MANUFACTURING 11 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 Is marked othe any Injury or other traumatic event once. 18. Mother's Name (First, Middla, Maldan Sumeme) 17. Father's Neme (First, Middla, Last) IDA VIOLA CORBIN GEORGE WILLIAM SCHAEFER 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 2.1.1.5.7 19a. Informent's Name/Reletionship (Type, Print) 128 PENNSYLVANIA AVE., WESTMINSTER, JAMES F. HEAD 20b. Place of Disposition (Nama of cametery, cramatory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 2/6/98 BALTIMORE, MD. 4 ☐ Donation 5 ☐ Other (Specify) METRO CREMATORY 22. Name end Address of Facility FLETCHER FUNERAL HOME 21. Signature of Portival Service Licensee 254 E. MAIN ST., WESTMINSTER, MD. 21157 Part Enter the designer, or complications thet caused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart falure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner physician and the bunal-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting in death) Last Due to (or es e consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the a signed by t 1 Yes 2 No 3 Probably 4 Unknown CORONARY Records, þ 24b. Were autopsy findings eveilable prior to should 24e. Was en eutopsy Completed completion of cause of death? certificate has 1 ☐ Yes 2 ☐ No Physician: 25. Was case referred to medicel examiner? Be 26. Plece of Deeth (Check only ona) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA this : After this funeral of 27. Manner of Deeth 28d. Describe how injury occurred 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: 5 Pending investigation or Attending Natural n 24 hours after death.

The Funeral Director: After State of the Funeral Director of the Funeral State of the Fun 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Hospital 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. edical 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated. within 2 To the I 9 29d Date signed (Month, Day, Year, 29b. Signature and title of certifier 29c. License number 0 WASHINGTON HIB. WESTMINSTER MD21157 30. Name end address of person who completed cause of death (Item 23a) (Type, Print) MD 31. Date filed (Month, Day, Year)

32. Registrar's Signeture at dauder Revell

FEB 0 9 1998

Registra

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State of Maryland / Department of Health and Mental Hygiene Q

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Funeral Director		5. Social Security Number 218–14–3695 Usuel Rasidance of Dacedant	3. Sax 7. A 1 X M 2 □ F	Age (In yrs. last i		nder 1 Year this Days	If Under 24 Hrs. Hours Min.	8. Date of Birt (Month, Da) 01/10/		9. Birthpl Count Maryl	ece (Stata or Foraign try) and
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month 12:15 AM EDWARD GREEN FEBRUARY 2,1998 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth LEYTE DRIVE OXON PRINCE GEORGES 7306 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 6 Sex 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) 10XM 2□ F Months Days Hours 578-98-2868 Yrs. 29 DECEMBER 7 1968 WASHINGTON DC Usual Residence of Deceden 10a State 10b County 10c. City. Town or Location 10d. Inside City Limits XYes 2□ No MD PRINCE GEORGES OXON HILL 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7306 LEYTE DR 20745 usa 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes \$ \$ TNo If Yes, Give Year or Dates: 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 1 ☐ Never Married 2 X Married 1 ☐ Yes 2 XNo Specify: Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decadent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Cotiege (1-4or 5+) maintenance FED GOVERNMENT 17, Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) UNKNOWN CONSTANCE GREEN 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) TONYA GREEN / WIFE 7306 LEYTE DR OXON HILL MD 20745 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) METROPOLITAN CREMATORY 2-10-98 ALEXANDRIA VA 21. Signature of Funeral Service Lice 22. Name and Address of Facility ALEXANDER S. POPE FUNERAL HOME 5538 MARLBORO PIKE FORESTVILLE MD 20747 Immons 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final SYDROME ACQUIRED IMMUNE DEFICIENCY disease or condition resulting in death) Due to (or as a consequence of) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Due to (or as e consequença of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 Drunknown CANCER OF BRAIN 24a. Was an autopsy performed? Were autopsy findings avaitable prior to completion of cause of death? 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Death (Check only one) exeminer? Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Date of tnjury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation Neturel 1 ☐ Yes 2 🗆 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide

Box 68760, P.O. Division of Vital Records.

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permit. Pages 1 and 2 should be filt Department of Health and Mental Hy Important: if flem 27 is marked oth any liqury or other traumatic event 2008.

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Baltimore, Maryland

7 is marked other than "natural", or thems 23a or 28a-1 show traumatic event, the Modical Examiner maintible notified an

MARIO 31. Date filed (Month, Day, Yeer) State FEB 04.1998 Registrar

29b. Signature and title of certifie

29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and menner es stated.

2 Medical Examinar: On the basis of examination and/or Investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner steted.

29d. Dete signed (Month, Day, Year)

CHEVERLY, MARYLAND 20785

ause of death (John 23a) (Type, Print) and address of person who comp

HOSPITAL DRIVE, 32 Registrar's Signature

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 9 8

	10 9/1		Certificate of Death Reg. No.											
			Decedent's Name (First, Middle, Last)							2. Date of D	eath	No.	3. Time of Death	
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	/Medi Exami		4e. Facility Name (If not institution, give street and number) 4b. City, Town, or						own, or L			nty of Death	1	
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			Usual Residence of Decedent											
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		octo	MD PRINCE GEORGES SEAT PLEASANT								Yes 2□No			
		Director								10g. Citizen o	f What Cour	ntry?		
		ra	314 71st AVE 20743							US				
		Funeral	11. Marital Status	12. Was Decedent Ever in Armed Forces?	U,S. 13.	If Yes, specif	nt of H y Cuba	ispenic Or in, Mexica	rigin? (Sp n, Puerto	ecify Yes or N Rican, etc.)	0- 14. F	aca - Americ lack, White,		
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21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after Depertment of Health end Mentel Hygiena. Important: if flem 27 is marked other than "natural", or life any Injury or other traumatic event, the Medical Examine Once.										16h Kind of	Business/in	duetne	
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an		To Be	MILTON EARL GARDN	ER		MINN			NIE	POLLAR	D	100		
Maryland		-	19a. Informent's Neme/Relationship (7	ype, Print)	19b. Meil	ing Address (Street	end Numb	er or Rur	al Route Num	ber, City or Tox	m, State, Zit	Code)	
			STEPHANIE GARDNER	/ WIFE							MD 2074			
ē,			20e. Method of Disposition	201	. Place of Disp		of			Dete	20c. Locatio		own, State	
altimore,			1 XX unial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify							2-7-98	SUITLA	ND MD		
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∑	er de recto	tific	3 ☐ Suicide 6 ☐ Could not 4 ☐ Homicide determined	28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify)						28f. Location	(Street and Nu	nber or Rure	el Route Number,	
ā	rs eft al Di	Certification:		building, efc. (Specify) City or Town, State)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
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)	To the Hospital or within 24 hours efter To the Funeral Director completaly filled in												Title Cause(s)	
	S T T S	Σ	29b. Signature and title of certifier 29c. License number 29c. License number 29c. 29c. License number								29d. Date signed (Month, Day, Year)			
	()										FEBRUARY 02, 1998			
	91		30. Warme and address of person who completed cause of death (Item 23a) (Type, Print) MARIO F. GOLLE JR, MD 3001 HOSP ITAL ORIVE, CHEVERLY, MARYLAND 20785											
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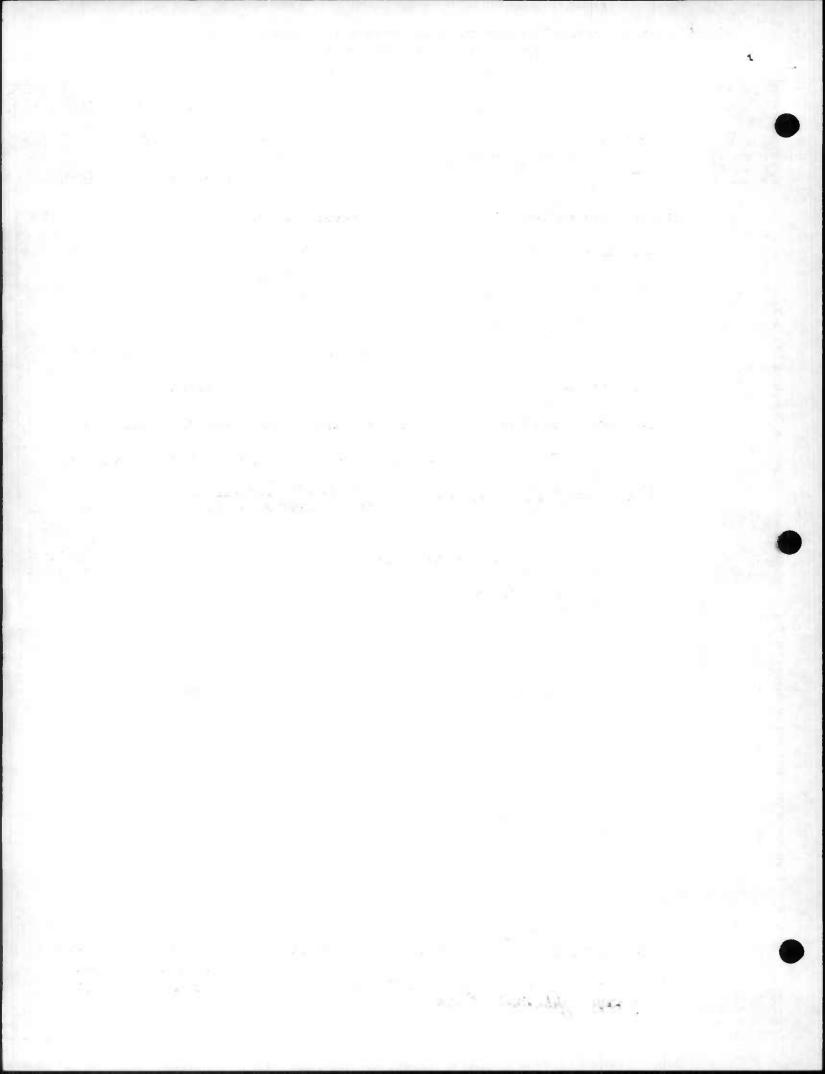
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State of Maryland / Department of Health and Mental Hygieneg

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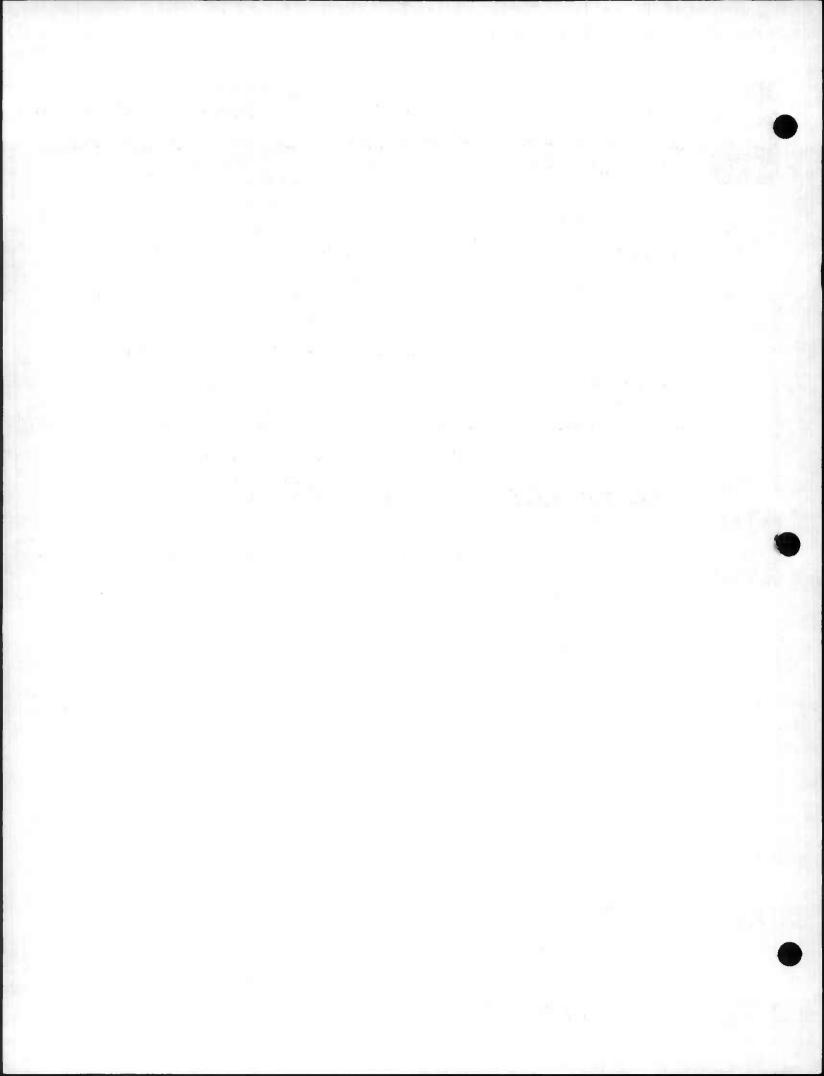
DHMH 16 Rav 6/95

Registrar



State of Maryland / Department of Health and Mental Hygiene 98 05200

						Cer	tificate of	Death		Reg. No.		
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	/Medic		Nebecca	1	turl	Dur			Februar		1998	00:01 A.A
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and	ž		10e. Stete 10b. County		10c. City, 7	Town or Lo	cation				1	0d. Inside City Limits
Mary	notified at	0	MD Charle	Q	In	dian	Head					1 ☐ Yes 2 ☑No
the	moth	Director	10e. Street end Number	5	111	aran	10f. Zip Code			10g. Citizen of	Whet Coun	**
With	ust be		14 Circle Ave.				2064	0		U.S.		yı
72 hours after death with the Maryland	o orier wan natural, or tems 23s of 28s-1 short event, the Medical Examiner must be notified at	Funeral	11. Marital Status	12. Was Decede	nt Ever in U,S.	13. V			n? (Specify Yes or N		a - Americ	an Indien.
flar	ITTEL TO	F	1 Never Married 2 Married	Armed Force	¥? ¥No				n? (Specify Yes or N Puerto Rican, etc.)		ck, White,	etc.
urs	Even .	by	3 ☐ Widowed 4X Divorced	If Yes, Give Yeer or Date		1	☐ Yes 21☐ No	Specify:		Specif	, Whi	ce
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2 = 0	V - 1		Linda Hurlburt	Patton/				arbor	Dr. Por	t Toba	cco,	MD 20677
	or of		20e. Method of Disposition Buriel 2 Cremetion 3 [Removel from Sta	cem	etery, crem	sition (Neme of letory or other ple	ce)	Dete	20c. Location -		
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permit. Pag Department	any injury or		21. Signeture of Funeral Service Lice	nsee		22	YRE HART	SE ECHO	LS FUNER	AL HOM	E P.	Α.
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law ra	N	pie							_		of o	npletion of ceuse deeth?
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g Ph	- 6		27. Manner of Deeth	28e. Dete of in	njury 28	b. Time of	28c. injur Wor			how injury occur		,
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State of Maryland / Department of Health and Mental Hygiene 9 8 9 5 2 0 1

			1. Decedent's Neme (First, Middle, Li	ast)	301	rtificate of		2. Dete of De	Reg. No.		3. Time of Death
	Physici		John	Hamilton				Month FEBRUA	Dey	Yeer 1998	11:10 A.M
	/Medio		4e. Fecility Neme (If not Institution, gi	ve street and number)			4b. City, Town, or Lo			y of Deeth	111.10 A.H
	Exami		MALCOLM GROW MED	ICAL CENTER			CAMP SPRIN	IGS	PRINC	E GEO	RGE'S
	Funeral			Sex 7. Age (In yrs.	last birthday)	If Under 1 Year Months Deys	If Under 24 Hrs.		rth Year 1913	9. Birthp	lace (Stete or Foreign
	Director		088 12 1127	[™] ^{2□} F 84	Yrs.	Months Days	nours Min.	Nov 21	7, 1913	Mont	real , Ca
	N M		Usuel Residence of Decedent 10a. Stete 10b. County	10c. City	, Town or Lo	cation				1	0d. tnside City Limits
	with the Maryland a or 28a-f show Lbe notified at	10	MD Calve		thian					1	1 ☐ Yes 3€XNo
	2 the	rec	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Coun	itry?
	h will	Funeral Director	281 Waysons Cour	rt		20711			United		
	one of	ner	11. Meritel Stetus	12. Wes Decedent Ever In U, Armed Forces?	S. 13.	Wes Decedent of I	Hispenic Origin? (Spe en, Mexican, Puerto	ecify Yes or No)- 14. Re	ce - Americ	
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21215-0020	"natural", edical Exa		15. Decedent's E	Yeer or Detes:	16a. Dece	dent's Usuel Occur	pation		16b. Kind of E	lusiness/inc	fustry
215	within 72 one. than "net the Medica	plet	(Specify only highest gr Elementery/Secondery (0-12)	ede completed) College (1-4or 5+)	(Give	kind of work done DO NOT use retire	pation during most of workind)	ng	Too. Yang or a	,	austry
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Maryland	1 Mon I Mon marks marks	P	George Hamilton			1102/000 12000	Louise	Brown			
Ma	and 2 al eith and 27 is n er traur		19e. Informent's Name/Reletionship Father Gary Gilk		196. Mellin	ng Address (Street 27 Greenv	end Number or Rure riew Drive	, Laure	el, MD	20708	Code)
e,	-216		20e. Method of Disposition	20b. P		sition (Neme of		Dete	20c. Location	- City or To	wn, Stete
Baltimore,	20 m h		XX Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Qther (Speci	Removel from Stete Feb	12, 1	netory or other ple .998 Marry	land Vete	rans	Chaltar	ah am	Maryland
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Вох	attend for us	Physician/M									
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Division of Vital Records, P.O	The law requires that the death certificate has been signed by the attending page 2 should be detached for use a	ed						24a. Wes	en eutopsy omed?	24b. We	ere autopsy findings alleble prior to
OC O	S O CA	Completed						pon	Jillieu I	cor	mpletion of cause death?
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/isi	Attending or death. octor: After by the fune	fica	3 Sulcide 6 Could not b		me, ferm, str			28f. Location (Street end Num	ber or Rura	I Route Number,
ă.	s after	Certification:	4 ☐ Homicide determined	28e. Plece of Injury - At ho building, etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or To	wn, Stete)		
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1			30. Neme and eddress of person who ANGELA FOWLER-BR	CAPT, USA							
	Sta	te	31. Dete filed (Month, Day, Year)	32. Registrer's Signet		ANDRE	WS AIR FOR	CE DAS	E, FID	20762	-0000
-	Registra		FFR 1 1 19	98 Achi Study	ar Rad	N					

2.3

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Month Haxall Elizabeth 12:25 Am 98 February 08 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Collington Episcopal Life Mitchellville If Under 1 Yaar If Under 24 Hrs. 5. Social Security Number 6 Sax 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year)Aug ... Birthplaca (State or Foreign Country) 1 M 2 F Hours 098-36-9220 Yrs. New York Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits PG 1 ☐ Yes 2♥ No Mitchellville MI) 10e. Straat and Number 10g. Citizan of What Country? 10450 Lotts ford USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yaar or Dates: 13. Was Decadent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: SpecifiWhite 3 Widowad 4 □ Divorcad 15. Decadent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Home 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Clevland Dodge Pauline Morgan 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bolling W. Haxall (Son) 9100 Fairgreen Ct. Upper Marlboro, MD 20772 20a. Method of Disposition 20b. Placa of Disposition (Name of cematery, crematory or other place) 20c. Location - City or Town, State Feb. 8 ata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 Donation 5 Other (Specify) Lee Crematory 1998 Clinton, Maryland 21. Signature of Edneral Service 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23e. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Immediate Cause (Final disease or condition resulting In death) Obstructive Lung Distase UNKNOWN Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Dua to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 22 No 3 Probably 4 Unknown 25.

Physician /Medical Examiner

The law requires that the death certificate be axec

Division of Vital Records, P.O. Box 68760.

Physician

/Medical

Examiner

Director

Funerai

by

Completed

Be

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Funeral

Director

itam 27 is marked other than "natural", or hams 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

the Maryland

death

Baltimore, Maryland 21215-0020

permit. Pages I and 2 should be filed within Department of Haalth and Mental Hygiena. Important: If flam 27 is marked other than any injury or other traumatic.

Examiner

attending physician and for use as the bunal-transit Physician/Medical signed by t Completed by To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: Aftar this certifica completely filled in by the funeral director; to Be edical Certification: To

27.

29a

29b. Signature and title of certifier

					24e. Was an autopsy performed?	24b. Were autopsy findings avellable prior to completion of cause of death?	
					1□ Yes 🎾 No	1 ☐ Yes 2 No	
Wes case referrexaminer?	ed to medical			26. Place of D	eeth (Check only one)		
1 ☐ Yes 2 😿	No	Hospital: 1 ☐ Inpatient 2 ☐	ER/Outpatient 3	DOA Other: 4 Nursing	Home 5 ☐ Rasidence 6 ☐ Ott	ner (Specify)	
Manner of Death 1 ☑Natural 2 ☐ Accident	5 Pending investigation		28b. Time of Injury M	28c. Injury at Work? 1 ☐ Yas 2 ☐ No	28d. Dascribe how Injury occur	rred	
☐ Accident ☐ Suicida ☐ Homicide	6 Could not be determined	28e. Placa of Injury - At h building, etc. (Speci	oma, farm, street, fact	ory, offica	28f. Location (Streat and Numb City or Town, State)	ber or Rural Route Number,	
. Certifier (Check only one)	1 Certifying Phy 2 ☐ Medical Exam	ysician: To the best of my kno liner: On the basia of examina and mannar stated.	wiedge, deeth occurre tion and/or investigeti	ed at the tima, date and place on, in my opinion, deeth oc	ce, and due to the cause(s) and mo curred at the time, date and place,	enner as stated. and due to the cause(a)	

29c. License number

State Registrar

ause of death (Item 23a) (Type, Print)

29d. Date signed (Month, Day, Yaar) 02/09/98

79 Kethering Dr. Upper Man Iboro, MD 207704 DuBoyce William MO 31. Date filed (Month, Day, Year)

32. Registrar's Signature 1998 FEB11

Der Gabel der Gerig under and the second of the second o

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Tima of Death **Physician** Month MARCON " HENCEY 02 2315 /Medical 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Hospital DICHESTER GENERUR MO DIRCHESTE CAMANIDGE If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year)

Months Days Hours Min. April 24,191 6Washington, DC 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 M XX Vrs 577-03-0206 81 Director Usuel Rasidanca of Decedant tha Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or itams 23a or 28a-f show 1 Yas 2 No Directo Dorchester Hurlock 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4215 Osborne Road 21643 U.S.A. Funeral 12. Was Dacedant Ever in U,S. Armed Forces? 1 ☐ Yas 2 ② No If Yas, Giva Yeer or Dates: Was Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Reca - American Indian, Black, Whita, etc. 11. Marital Status Department of Hashin and Manlal Hygiene.

Important if item 2T is marked other than "natural", or fearnty injury or other traumetr. 1 Navar Marriad 2 Married 1 ☐ Yas 2 No Specify: Specify: White þ 3 Widowad 4 ☐ Divorced 15. Dacedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) Elementary Teacher Education 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Sumama) Edward J. Dever Mary E. Myers 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Routa Number, City or Town, Steta, Zip Code) Robert Henley/Son 680 Rt.116, Bristol, VT 05443-9706 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cametery, crematory or other place) 20c. Location - City or Town, Stata tX Burlal 2 ☐ Cramation 3 ☐ Removal from Stata Parklawn Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) Rockville, Md. Page 22 Name and Address of Facility Fellows, Helfenbein, & Newnam Funeral Home, PA 106 Shamrock Rd., Chester, Md. 21619 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrast, shock, or heart failure. List only one ceuse on each line. **Physician** immediata Causa (Final diseasa or condition rasulting in daath) /Medical 2 who Examiner Dua to (or as a consequence of): ician and burial-transit Sequentially list conditions, if any, laading to Immadiata causa. Entar Underlying Ceuse (Diseese or Injury that Initiated evants rasuiting in daath) Last Dua to (or as a consequence of): ettending physician for usa as the buria Physician/Medical Dua to (or as e consequanca of): Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contributa to the cause of death? signed by d 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Was an autopsy performed? Completed page 2 cartificate 1 Yes 2 No Division of Vital al or Attending Physician: T s efter daath. il Director: After this cartifical ed in by the funeral director, p 25. Was casa referred to medical examinar? Be 26. Pleca of Death (Check only one) 2 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas Certification: To 1 Impatiant 2 ER/Outpatiant 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury et Work? 1 -Naturel 5 Panding MA 1 □ Yas 2 □ No Invastigation NIR 2 Accidant 6 Could not be determined 28a. Placa of Injury - At homa, farm, street, fectory, offica building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicida To the Hospital of within 24 hours e To the Funeral D 1 Certifying Physician: To the bast of my knowledge, deeth occurred at tha tima, data and place, end due to tha ceuse(s) end mannar as stated.
2 Medical Examinar: On the bast of axemination and/or investigation, in my opinion, daath occurred at the tima, date and place, and due to the cause(s) and manner stated. 29a. Cartifian Medical 29b. Signatura and titia of cartiful 29c. License number MD 21613. SHIRIN MOHAMMA Name and address of person who completed cause of death (Itam 23a) (Type, Print)

State Registrar

31. Data filad (Month, Day, Year)

COLLINS



AUE-

N. 537

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nema (First, Middla, Last) 2. Data of Death Month **Physician** Marion Gi11 Holdsworth February 6, 1998 6:10 am /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Shady Grove Adventist Hospital Rockville Montgomery 5. Social Sacurity Number If Under 1 Year | If Under 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) 8. Data of Birth (Month, Day, Year) **Funeral** 1□ M 2⊠ F Months Days Hours Min. Yrs. Director 219-64-8120 89 July 2, 1908 Maryland Usual Rasidance of Deceden permit. Pages 1 end 2 should be filed within 72 hours effer death with the Maryland Deperment of Health end Mental Hygiene. Important: If them 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic area. 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 Yas 2 No Director Maryland Montgomery Potomac 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 13301 Signal Tree Lane 20854 U.S.A. 12. Was Dacedant Evar In U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Year or Detas: Was Dacedant of Hispenic Origin? (Spacify Yas or No-tf Yes, specify Cuben, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 🗓 No Specify: Specify: White à 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Spacify only highest grada complated) 16e. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) 12 Homemaker Own Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be Arthur Bingham Suit 2 Gertrude May Allen 19a. Informant's Name/Ralationship (Type, Print) 19b. Melling Addrass (Street and Number or Rural Routa Numbar, City or Town, State, Zip Coda) 13301 Signal Tree Lane, Potomac, Maryland 20854 John A. Holdsworth - Son 20b. Ptece of Disposition (Nama of cematary, cramatory or othar place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Suitland, Maryland Cedar Hill Cemetery 02/09/98 21. Signatura of Funeral Sarvice Licensaa 22. Nama and Addrass of Facility Francis Gasch's Sons Funeral Home, P.A. Jasc 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximeta Intarvat Batween Onset and Death Physician Immadlata Causa (Final disaasa or condition rasulting in daath) /Medical Jep415 **Examiner** Dua to (or as a consequence of): Examiner Fayl enal URP signed by the attending physician end d be detached for use as the burial-trensit Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disease or Injury Dua to (or as a consequence of) P.O. Box 68760. certificate be Physician/Medical that initiated avants rasulting In deeth) Last Due to (or es e consequence of FICIEMU Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the causa of death? hypordism 3 Probably 4 Unknown Division of Vital Records, by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of deeth? certificate hes 1 TYas 2 No 25. Was casa referred to medical examinar? Be 26. Place of Deeth (Check only ona) Hospital: 2 ER/Outpatient 3 DOA 1 Yas 2 No Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 2 this funeral 27. Manner of Daeth 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28c. Injury et Work? Certification: 28b. Tima of After ! 1 Naturel
2 Accident 5 Panding invastigation To the Hospital or Attandir within 24 hours efter death. To the Funeral Director: Af 1 ☐ Yas 2 ☐ No 6 Could not be datarminad 3 ☐ Suicida 28a. Ptaca of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Steta) 6 4 Homicida edical Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the causa(s) and menner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner stated. (Check only one) 29b. Signetura and titla of certifiar 29c. License number 29d. Date signed (Month, Day, Yeer) com February 6, 1998 30. Nema and addrass of person who completed cause of death (Item 23e) (Type, Print)

902 Wind River Lane #201, Gaithersburg, Maryland 20878

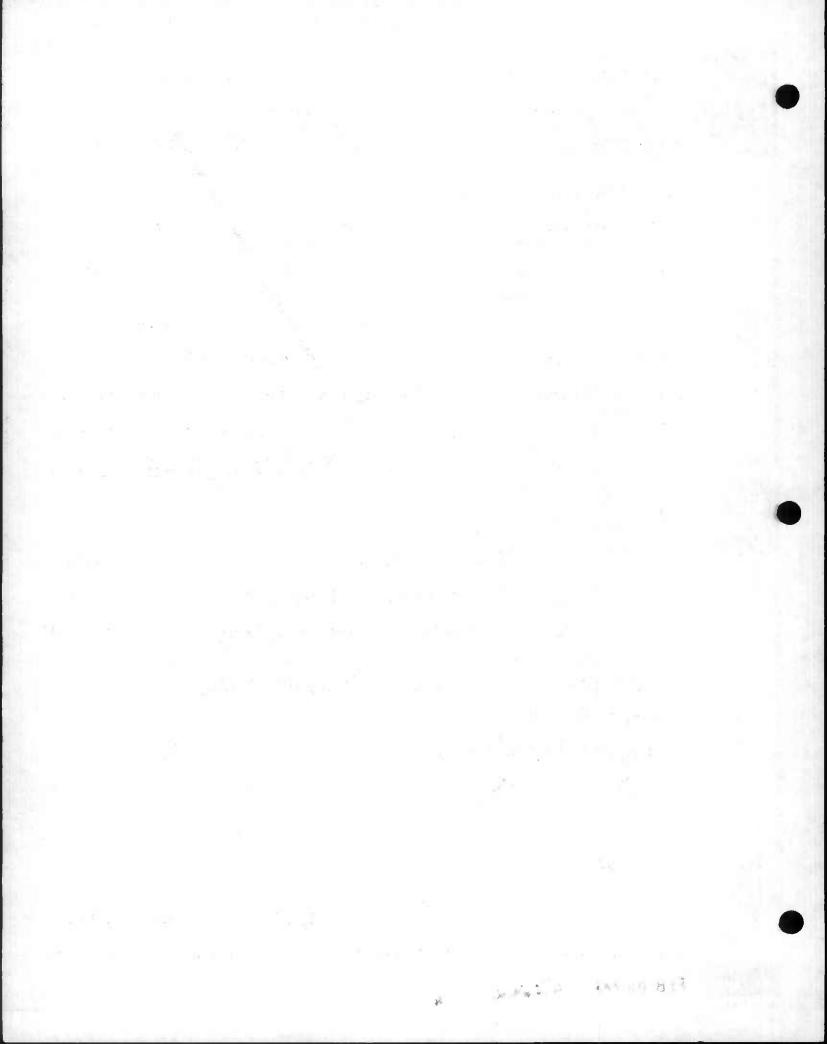
State Registrar

09 199B

31. Data filed (Month, Day, Year)

Maryam Y. Mizrahi, M.D.

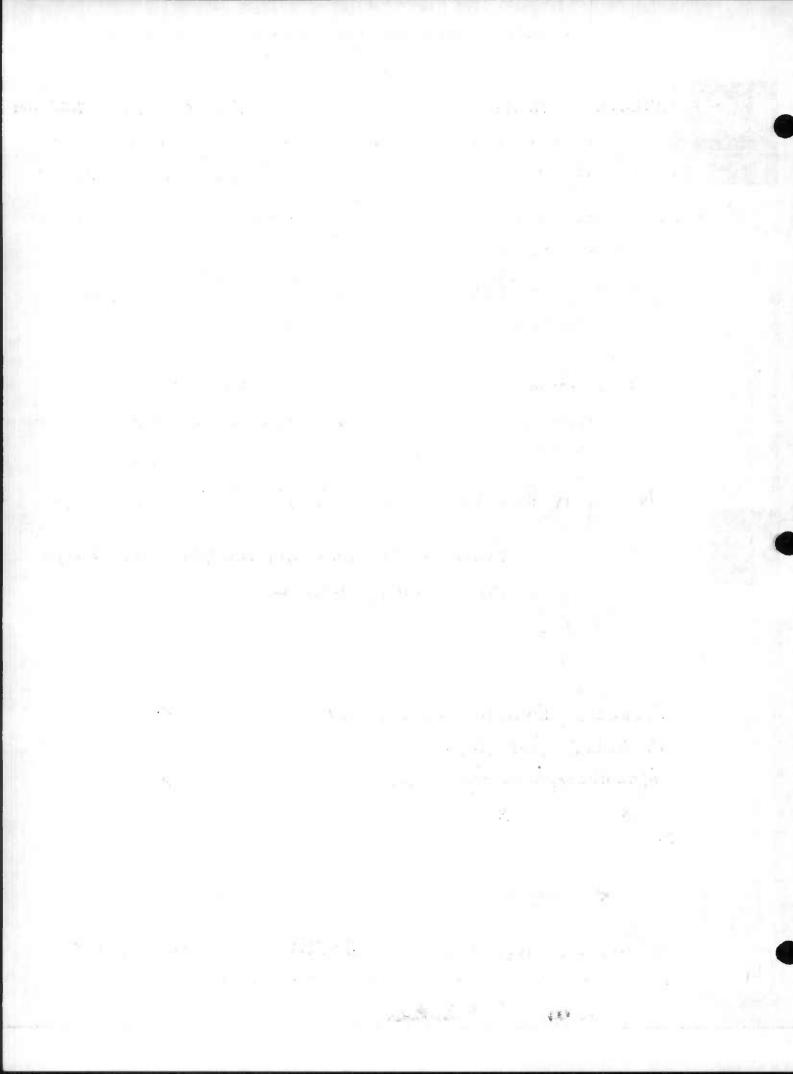
32. Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

					Ce	rtificate	e of	Death	7		Reg. No	.98	0	5205
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and and	١	19e, Informent's Name/Reletionship			19b. Meil	ing Addrass	(Stree	t and Numb	er or Run	al Route Numi	ber, City	or Town,	Stata, Zip	Code)
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et et		20a. Method of Disposition			Ob. Place of Disp			oca)		Date	20c. L	ocation -	City or To	own, Stete
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rector, pag		25. Wes casa referred to madical examiner?	1	•					e of Deat	h (Check only	ona)			
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- F		29a. Certifier 12 Cartifying P	busisian, Ta	the best of my	. Iva avula da a		. 4 44 - 41							
To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com		(Check only one) 2 Madical Exa	miner: On the	basis of axa anner steted.	y knowledge, deat minetion end/or in	nvestigetion,	in my	opinion, dea	ath occur	red et the time	, dete en	nd piece, e	and due to	the causa(s)
within 24 hours after deeth. To the Funeral Director: A completely filled in by the fi Medical Certificati		29b. Signeture and title of certifier				29c	. Licens	se number			29d. De	ete signed	(Month,	Dey, Yeer)
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)		Gary W. Jones,	M.D.,	P.O. Bo	(Item 23a) (Type 0X 385,	Laure1	۱, ۱	1ary1a	and 2	20725				
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State of Manyland / Department of Health and Mental Hygiene

MILTON Item:1		EO G-757 3/11/98 dh	State of Maryland		tificate of		Я	leg. No.	05	206
	ysician 1edical	Decedent's Name (First, Middle, Last) Milton Jas		lay Hill			2. Date of Dea Month FEBRUAR	Day RY 03, 1	998 0	Time of Death
Ex Fun Direc		5. Social Security Number 6. Sex	ROUTE 202 7. Age (In yrs. In	ast birthday) 25 Yrs.	If Under 1 Year Months Days	4b. City, Town, or I CHEVERLY If Under 24 Hrs. Hours Min.		Year)	E GEORG 9. Birthplece Country)	GES (State or Foreign
anyland		Usual Residence of Decedent 10a. State 10b. County D.C.	10c. City	, Town or Loc	eation Wa	shington	lette 3	17.50	10d. lr	nside City Limits
death with the Maryland	Funeral Director	10e. Street and Number 1112 Staples Street	., N.E.	i de	10f. Zip Code	20002	1	IOg. Citizen of W	/hat Country?	
9 5	Fune	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Ever in U,s Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		/as Decedent of I Yes, specify Cub	Hispenic Origin? (Sean, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Rece Blac Specify	e - American in k, White, etc.	dian,
within 72 h ene. than natu	etec	15. Decedent's Educ (Specify only highest grade Elementery/Secondary (0-12) The grade		(Give)	ent's Usual Occup kind of work done O NOT use retire	pation during most of wor id)	king	16b. Kind of Bu		
should be filed wanted Hygier	To Be Co	17. Fether's Name (First, Middle, Last) Judson Boyo	1			18. Mother's Nar	ne (First, Middle, Ernestir		Θ)	
F - 01	f Rem 27 is r other trau	Ms. Lina Hill (Aunt)		1112 :		reet, N.E.			20002	
permit. Peges 1 ar Department of Hea Important: If Item?	njury or of	20a. Method of Disposition 1 XXBurial 2 Cremation 3 Real A Donation 5 Other (Specify) 21. Signature of Funeral Service Ucerse	emoval from State Nati	ona i Hai	atory or other pla	prial Park pass of Facility uneral Home	2/9/98	Landover		
Physic /Med Exami	ical ner	23a. Part1. Enter the disease, or complications, or heart failure. List only on Immediate Cause (Final disease or condition resulting in death)	Mulley		unshot	Place, N.E. ing, such as cardiac	or respiratory an	geon, D.C.	App	roximate rval Between set end Death
ificate be axecuted physician and	edical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that Initieted events resulting in death) Last		as a consequence of a c	7103					
ath certif	or use a	Part II. Other significant conditions con	tributing to death but not resu	iting in the ur	deriving cause di	iven in Part I	23b. Did t	obacco une co	ntribute to the	cause of death?
) # # ×	2						101	res 2540	3 Probably	/ 4□ Unknown
need s	should						24a. Was a	med?	availab comple of deat	
Physician: The lav	ctor actor	25. Was case referred to medical examiner?	ospital:		10	hor	ath (Check only o		ACY	
fing Phys	65	27. Manner of Deeth 1 Natural 5 Pending investigation	28a. Dete of Injury (Month, Day Year) 2 - 2 - 9P	ER/Outpation 28b. Time of Injury	28c. Inju	4 LI Nursing F	fome 5 ☐ Residence 128d. Describe h	ow injury occur		I SCENE
	filled in by the funeral Certification:	3 Suicide 6 Could not be determined	28e. Placa of tnjury - At ho building, etc. (Specify	me, ferm, stre	eet, factory, office	ime, date and place	Chever	y red	mer 5+	+ R+202
To the Hospital or within 24 hours aft To the Funeral DI	Medical		er: On the basis of examinat end manner steted.		estigation, in my		urred at the time, of		and due to the	cause(s)
(3)	30. Name and address of person who gar	Spleted cause of death (Item	23a) (Type, i		.M.E.		FEBRUAR	RY 03,	1998
0		T 7.11	ite MD			eet, Balt	imore, M	Maryland	21201	

State Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name /First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month 7:21 am. telrilary /Medical 4e. Fecility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Southern Maryland Hospital Center Clinton Prince George's 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
April 4, 1928 Richmond, Va. 6. Sex **Funeral** Months 1□M 2√□F Days Hours Yrs. 577-50-2066 Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examiner mast be notified at 1 TyYes 2 □ No Director Maryland Prince George's Ft. Washington 10e. Street end Number 10g. Citizen of What Country? 10f. Zip Code 20744 USA 7825 Klovstad Dr. Funeral death 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ZNo If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Biack, White, etc. 11. Marital Status permit. Peges 1 end 2 should be filed within 72 hours after c Department of Heelih and Mentel Hygiene. Important: If Itam 27 Is marked other than "natural", or iten any injury or other treumstic event, tra Medical Examines once. 1 ☐ Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White À 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12th Federal Government Secretary 17 Father's Neme /First Middle Lest) 18. Mother's Name (First, Middle, Maiden Surname) Be Frederick Cain Catherine Jarvis 19a. Informant'a Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Same as item 10 Jack K. Hamilton/Husband 20b. Placa of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriai 2 ☐ Cremetion 3 ☐ Removal from Stete Resurrection Cemetery 2/9/98 Clinton, Maryland 4 Donation Other (Specify) 22. Name end Address of Facility
George P. Kalas Funeral Home 10 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 tons the caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, cause of each line. Approximete Intervai Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner ettending physician and for use as the burial-transit that the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): P.O. Box 68760, Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by the should be deteched 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24a. Was en eutopsy performed? pege 2 After this certificate hes 1 Yes 2 No 1 Yes 2 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Certification: To the Hospital or Attending F within 24 hours efter death. To the Funeral Director: After 5 Pending investigation 1 Naturai 1 Yes 2 No 2 Accident illed in by the f 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of exeminetion and/or investigetion, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical mpletely (Check only one) 29b. Signature and title di 29c. License number 29d. Date signed (Month, Day, Year)

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State Registrar

31. Date filed (Month, Day, Year)

FEB 06 848

32. Registrar's Signature

cause of death (Item 23a) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene 98 05208

				Cer	tificate of	Death	Re	g. No.		
Physicia	n	1 Decedant's Neme (First, Middle, Last)	11	/ / / /			2. Dete of Deeth / Month	Pey	3. Y 99 700	Time of De
/Medica		DYIVIA AVI	IV) He	vime			<i>binuary</i>	126,	1998:	2.16
Examine Funeral	er	4e. Fečilitý Nama (If not institution, give streto Mar 5. Social Sacurity Number 6. Sex 577-64-3696 1□ M	4/and 7. Age (In yrs	HOSDI s. lest birthday) Yrs.	If Under 1 Year Months Deys		8. Date of Birth (Month, Dey,	Princ Princ Year)	9. Birthpleca Country)	
Director		Usuel Rasidence of Decedent	² X 52	110.			July 31	, 1945	Wagne	r, SC
₹ m		10a. Stata 10b. County	10c. C	City, Town or Loc	ation				10d. Ir	nside City L
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ma 2	Funeral	11. Maritel Stetus 12.1	Wes Decedent Ever In I	U,S. 13. V	les Decedent of	Hispanic Origin? (Spe pan, Mexicen, Puerto F	cify Yas or No-		e - Amarican In	
P. C.	þ		Wes Decedent Ever in U Armed Forces? 1 □ Yas 2 ☑ No If Yas, Giva Year or Detes:	1	Yas, specify Cut		Rican, etc.)		ck, White, etc.	
natu	Completed	15. Decedant's Education (Specify only highest grade co.)	on (mplated)	16a. Deced	ent's Usual Occu	pation a during most of working	1	6b. Kind of Bu	usinass/Industry	,
Me Ne	du	Elamantary/Secondery (0-12)	Collega (1-4or 5+)	life. D	O NOT use retire	during most of workingd)	9			
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a oth	Be	17. Fether's Nama (First, Middla, Last)				18. Mother's Name	, , , , , ,	eiden Sumem	ne)	
Merike	2	Rudolph Gantt				Ruth	Kennedy			
and sum		19e. Informent's Name/Reletionship (Type,	Print)	19b. Mailing	g Addrass (Stree	t and Number or Rure	Routa Number,	City or Town,	Stete, Zip Cod	a)
or tr		Bridgette Braye/Da	ughter	134	ll Reid	Circle, Ft	. Wash.	, MD 2	20744	
tan		20a. Mathod of Disposition	20b.	Place of Dispos	ition (Neme of etory or other ple				City or Town, S	Stata
TY O		1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo	over from State		1emorial		/2/98	Lando	over, M	D
Series Porte		21. Signature of Funeral Service Ligensee	Λ.	22.	Name end Addr	ess of Facility				
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relator		23a. Part . Enter the disaasa, or complication shock, or haart feilure. List only one can	ause on eech lina.	nii. Do not anta	the mode of dy	ing, 50001 03 0010100 01	raspiretory error	,	Inte	roximata val Batwe et and De
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y tha	Physician	Pert II. Other significent conditions contribu	iting to death but not res	sulting In the un	derlying ceusa gi	iven in Pert I.		/	ntribute to the	
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certificate has rector, paga 2	0	1 ☐ Yes 2 ☑ No	O. D. L 1 . 1	28b. Time of Injury	28c. Inju Wo	ry at 2 ork?	8d. Dascribe how	v Injury occurr	red	
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HOWARD					C	ertifica	ate of	Death		Reg. No.	0	0209
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Funeral	5. Social Securit	y Number	8. Sax 1√2 M 2 ☐ F		yrs. last birtho	Month	ar 1 Yaar s Days	If Undar 24 Hrs. Hours Min.	(Month, D	rth ay, Year)		aca (State or Foreign (ry)
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Box 68 Jeeth certifica e attending ph d for use as ti			d									
al Records, P.O. Box 6876 The lew requires that the deeth certificate bester has been signed by the attending physic, page 2 should be deteched for use as the b. Completed by Physician/Medica	Part II. Other sig	nificant condition	ns contributing to	death but n	ot rasulting in th	na undarlying	g causa giv	van in Part I.	23b. Did	tobacco uae c	ontributa to	the causa of death?
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Registrar	F	EB 02 15	998 Ja	4 de	ther has	64						

State Registrar DHMH 16 Rev 6/95

	-	Decedent's Name (First, Mi	ddla Lacti			Cert	ificate of	Death	2. Data of Da	Reg. No.		3. Time of Death
Physici	ian				an.				Month	Day	Year	
/Medic				NDERSON,	SR.			4b. City, Town, o	anuary		-	9:40 PM
Examir	ner	4a. Facility Name (If not Institu	tion, give s	street and number)								
		Holy Cross Ho	spita 6. Sex		e (In yrs. last bi	irthday)	If Under 1 Year	Silver S	pring	Monte	ome	3
Funeral Director		578-01-7629 Usual Residence of Decedent		M 2□F	86	Yrs.	Months Days	Hours Mir	Oct.	th Year) 1911	Wash	place (State or Fore
thow		10a. Stata 10b. Cou	nty		10c. City, Tov	vn or Loca	ation					IOd. Inside City Lim
la di	cto	MD Mont	gome	ry	Kensi	ingto	n					1 X Yas 2 □
or 28	Oire	10e. Street and Number					10f. Zip Code			10g. Citizen of W	/hat Cou	ntry?
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ind Mental I	To B	James E. Hend	lerso	n				Mabel H	letcher			
end N		19a. Informant's Name/Ralati	onship (Ty)	pe, Print)	19	b. Mailing	Address (Street	and Number or F	Rural Route Numb	per, City or Town,	State, Zij	Code)
27 la		James R. Hende	erson	, Jr S	on 6	721 E	Eastern	Ave., Ta	koma Par	rk, Mary	Land	20912
item 27 is other tree		20a. Method of Disposition			20b. Place 0	of Disposi	tion (Name of story or other pla		Data	20c. Location -		
Depertment of the important: If ite any injury or of once.		1 ▼Buriai 2 □ Crematio 4 □ Donation 5 □ Other		emovai from State					2-6-98	Suitland	d, MI)
Depertment of important: If it any injury or once.		21. Signature of Funaral Serv		90	1321100	22.	Name and Addre	ess of Facility	-		-	
Deper impor any ir once.		IN D	2).	0 10		N	larshall	's Funer	al Home	, Inc.		
-		3.7.	11 ans	starr			217 9th	Street	N.W. Was	shington	, DC	
		23a. P. It. Entar the disease s k, or heart failure. I	ist only on	cations that causad ne cause on each lin	tha daath. Do	not enter	the mode of dyl	ng, such as cardi	c or respiratory a	arrast,	- 1	Approximate Interval Between Onset and Death
ysician /ledical		Immediate Causa (Final			00	- 1					1	- 4
aminer		disaase or condition resulting In death)	а		Sep 8	500						3 day
	<u></u>				Dua to (or as a	consequ	ence of):					
nsit	Examiner		b)								
ettending physicien end for use es the buriel-transit	Xai	Sequentially list conditions, if any, laading to immediate cause. Entar Undarlying Cause (Disaasa or Injury			Due to (or as a	consequ	ence of):				i	
slcier	100	Cause (Disaasa or Injury that Initiated evants	C					_				
phy:	edical	resulting In death) Last	1	Į.	Due to (or as a	consaque	ence of):				I	
ding se e	Š		d	l								
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the	Physiclan/M	Part II. Other significant cond	1 4		it not rasulting	in tha und	lerlying causa giv	en in Part I.		tobacco uae con		
ed by detec		Kenul fo	rill	ere					1	Yes 2 No	3 Pro	bably 4 Unk
58	d by								04- 141-	s an autopsy	24h M	ere autopsy findin
been si should I	ete									ormed?	av	railable prior to implation of cause
60 CA	idu										of	death?
m mp	S								1 🗆	Yas 2 No	1	☐Yas 2☐ No
e co	Be	25. Was case referred to mad examiner?	_	L. Lilvan					eath (Check only	one)		
e c		1 ☐ Yes 2 No	H	ospital: 1 Nnpatie			3LI DOA			idence 6 Othe		fy)
ls certificate director, pag	2	27. Mannar of Death	ding	28a. Date of Injur (Month, Day		Tima of Injury	28c. Inju		28d. Describe	how injury occurr	ed	
fter this certificate ineral director, pag	-	1 Natural 5 ☐ Pen					M 1 🗆	Yes 2 □ No				
After this certificate uneral director, pag	-	1 Natural 5 Pen 2 Accident inve	stigation		m. At home f	arm, stree	et, factory, office		28f. Location City or To	(Street and Number	er or Run	A Poute Number
frector: After this certificate in by the funeral director, pag	-	1 Natural 5 □ Pen 2 □ Accident inve	Id not be ermined	28e. Place of Inju- building, etc	: (Specify)				0119 01 10	Wil, State)		arrioute realizer,
rector: After this certificate n by the funeral director, page	Certification: T	1 Natural 5 Per inversion 2 Accident 3 Suicide 6 Coudet determined	ld not be ermined	building, etc	: (Specify)							
fector: After this certificate by the funeral director, pag	Certification: T	1 Natural 2 Accident 3 Suicide 4 Homicide 29a. Cartifiar (Check only) 2 Medic	Id not be ermined	building, etc	: (Specify) If my knowladg	a, daath d	occurred at tha til	ma, data and place	e, and dua to tha	causa(s) and ma	nner as s	stated.
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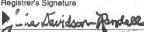
State of Maryland / Department of Health and Mental Hygiene 3

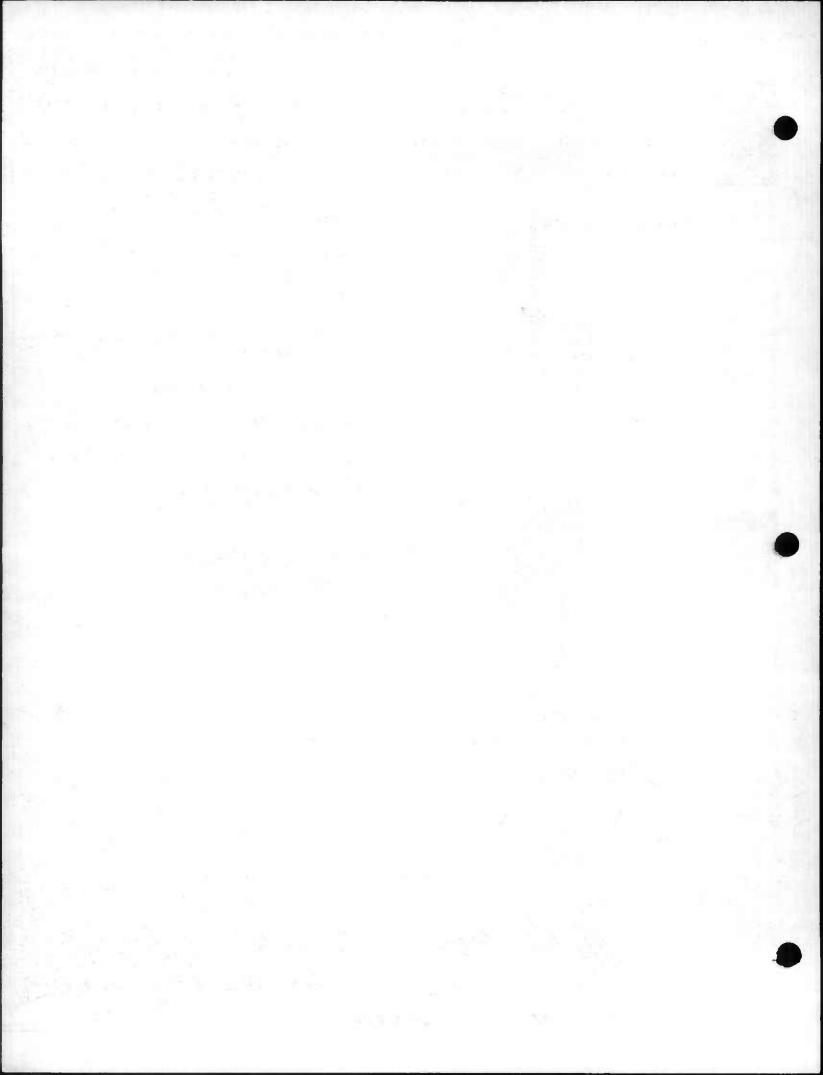
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dand dand			10b. County	-	10c. City, T	own or Loca	tion				10d	I. Insida City Limits
r 28a-f ehow	o Ma	aryland	Prince (George's		Ter	nple Hi	11s				1 No 2 No
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1215-0020 within 72 hours after death with the Maryland one. than "naturel", or items 23e or 28e-f show he Medical Examiner must be notified at	2	4909 Bre	ntley Ro	ad				20748		TT	. 1 C.	
ms 2	II LI	. Marital Status	nerey ne	12. Was Dacadent	Ever In U,S.	13. Wa	s Decedent of	Hispanic Ongln? ben, Mexicen, Pus	(Specify Yes or I		ited St	
or its		1 Nevar Marrie	d 2 Married	Armed Forcas					arto Rican, etc.)		ock, White, etc	
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21215-0020 d within 72 hours af piens. r then "neturef", or the Wedical Exam	Completed	(0)	15. Decedant's Ed	ducetion	1	6e. Deceder	r's Usual Occi	upation		16b. Kind of B		
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Marylia d 2 should d 2 should h and Mer treumstic	15	e. Informant's Ner	ne/Relationship (Type, Print)		19b. Melling	Addrass (Stree	et and Number or i	Rurel Route Num	ber, City or Town	, Stete, Zip Co	ode)
CENF		Betty A	. Crayto	n/Daughte	r	4909	Brent	ley Rd.,	Temple	Hills, M	D 207	48
of Heel	20	e. Mathod of Dispo			20b. Plec	e of Disposit	on (Neme of tory or other pi	lece)	Dete	20c. Location	- City or Town	ı, Stete
Page nent o		1 □ Burlel 2 X 4 □ Donetion 5	Cremetion 3 ☐ ☐ Other (Specifi	Removal from State y)			emator		2/3/98	Clint	on, MD)
Baltimore, Jemis Pages 1 a Department of Hee Important: If Item any Injury or other pages.	21	I. Signe ure of Fun	eral Service Licen	see	230							,
Bal Depa Depa Impo) Jalo	T .	The t	111		001 Box	nning Rd		Funeral		010
	2	3a. Part 1. E tar the	disease, or com	plications that causa ona cause on each I	d the death. I							pproximete
Physician /Medical Examiner	di	nmediate Ceuse (F seese or condition sulting in death)	inal	· A	Due to (or es	e conseque	nce of):	And	Xiq		8	Shall property
58760, icate be axecuted physician end s the buriel-transit	Se iii	equantially list cond	ditions,	b	Due to (or es	e conseque	nce of):					120
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= 00	E I'e	sulting in death) Le	st		Due to (or es	e consequa	nca of):				1	
P.O. Box nat the death cent d by the attendin attached for use	2			d								
o the check	Pe	rt II. Other signific	ant conditions of	ontributing to death t	out not resultin	ig in the unde	irlying causa g	iven in Pert I.				ne cause of death?
									_ 1[Yes 2 No	3 Probab	bly 4 ☐ Unknown
Records, he law requires the hes been signe age 2 should be completed by									24a. W	as an eutopsy	24b. Were	sutopsy findings
The law require tale hes been signated as the page 2 should completed.	_								ре	rlormed?	comp	oble prior to plation of cause
Rec e law thes b											of dae	MIT
al R						/			10	Yas 2 No	1 D Y	es 2□ No
Vital Rec slolan: The law certificate hes b lifector, page 2 s	25	. Was cesa referre		Hospitel:			10	26. Place of D	eeth (Check only	y ona)		
of Vita Physician: rithis certific and director.		1 ☐ Yes 2 ☐ N Marmar of Deeth	0	1 L Inpati		Outpatient	3LI DON	4 Li Nursing	_	sidence 6 Oth		
After funer	5 2	1 Naturel	5 Pending	28e. Date of Inju (Month, De	y Year)	b. Time of Injury	28c. Inju		280. Describ	e how Injury occur	rea	
Division of the or Attending Programmer of the or Attention of the funer field in by the funer Confiltration.	5	2 ☐ Accident 3 ☐ Sulcide	investigation					Yes 2□No	001 1	(0)		
or At offer or At in by		4 Homicida	determined	286. Piece of in	j <i>u</i> ry - At home lc. <i>(Specify)</i>	, farm, stree	, fectory, office	9		(Street end Numi own, Stete)	ber or Rurai R	outa Number,
oltal male d			_/									
Division of Vital Re within 24 hours else death. To the Hospital or Attending Physician: The is within 24 hours else death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	29	e. Cartifier 1 (Check only 2 one)	☐ CertifyIng Phy ☐ Medical Exam	velcian: To the bast liner: On the basis of	f axaminetion	dga, daath o end/or invas	curred et the t tigetion, in my	time, deta end place opinion, death occ	ea, and due to the curred et tha time	e ceuse(s) end ma a, data and place,	enner es state and dua lo th	ed. e ceusa(s)
To the comple		b. Signature end lit	le of certifier	end menner st	eted.	131	200 Liner	nse number		20d Data signa	d (Month Do	y Voorl
F 3.08	23	S. Signatura end III	2	7-10	10	1	So. Licer	> / /-	-) (29d. Date signe	(WOTHIT, DO)	y, 10aij
(1)		1		1 ///	XILL	endo	(1)-	-645	>>	1/5/	148	
141	30	Neme end addras	s of person who	complated cause of c	leath (Nem 23	a) (Type, Pri	200	11 1.1-	0151	11111-	1 000	00000
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State Registrar		FFF	A A ACC	B Super	r's Signeture	Rarball						

				State of	Maryland /		tment of I ficate of		ind Men		ene g	8 05	212
	Physic		Decedent's Neme (First, Middle, Las Mar:	,	a Jackso	n			ab.	ete of Death Month	Dey	Yaer / 3. T	ima of Death
	/Medi Exami		4e. Facility Neme (If not institution, give					4b. City, Tov	vn, or Location	-	4c. County		, , ,
	LAGIIII	ICI	Union Hospita			v			lkton			Cecil	
	Funeral		Social Security Number 6. S		Aga (In yrs. last b	irthday)	If Undar 1 Year	If Under 2		ete of Birth Month, Dey,			Stete or Foreign
	Director		216-38-2975	□м ЖЖЕ	82	Yrs.	Months Deys	Hours	Min. (An	nonth, Dey, Y	(ear) . 1915	9. Birthplece (S Country) Mary	land
۲	P .		Usuel Residence of Decedent						F		,		
	Marylar Fisher	tor	10a. State 10b. County Maryland Cec	il	10c. City, To	vn or Loca		kton					ide City Limits ☐ Yes 2 No
	r 28	Director	10e. Street and Number				10f. Zip Code			100	. Citizen ot	Whet Country?	
	h wil		33 Pleasant Hill I)rive			219	21			U.	S.A.	
21215-0020	72 hours efter death with the Maryland natural; or frame 23a or 28a-f show died Examiner must be notified at	by Funeral	11. Marital Status XIX Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Wes Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	es? XNo		s Decedent of I es, specify Cub	Hispenic Orig ean, Mexican,	gin? (Specify) , Puerto Ricar	(as or No- i, etc.)	14. Rac Bie Specify	ce - American Ind ck, Whita, etc.	
0	"netural",	ted	15. Decedent's Ed	ucetion	166	. Deceden	nt's Usuel Occup	petion		16	6b. Kind of B	usiness/Industry	
21	e 1 2	pie	(Specify only highest gred Elementery/Secondery (0-12)	College (1-4	or 5+)	life. DO	nd of work done NOT use retire	dunng most d)	of working			ounty Go	
2	TO TO be	Completed	Fourteen Years			Ceci	1 Count	y Trea	asurer	E	lkton,	Marylar	ıd
nd	al Hygid dother	Be (17. Fether's Nema (First, Middle, Last)					18. Mother	r's Neme (Firs	t, Middle, Ma	ilden Sumen	ne)	
<u>ya</u>	should be nd Mental marked o	10	N. Muns	on Jacks	on				Cla:	ribel (Owens		
Maryland	2 sho		19e. Interment's Neme/Raletionship (7			_						Stete, Zip Code)	
	and ealth n 27		Bonnie M. Giraldi	(niece)				Station	n Rd.,	Perry	ville,	Marylar	nd 21903
ore	ges 1 and 2 should be filed to of Health end Mental Hyg If Itam 27 is marked othe or other traumatic event,		20a. Method of Disposition 1 X Buriai 2 ☐ Cramation 3 ☐	Removel from Sta		ot Dispositi o <i>ry, cre</i> met	ion (Neme of lory or other ple	ice)	De	te 20	c. Location	City or Town, St	ete
E	Pag ment ant: I		4 □ Donetion 5 □ Other (Specify			cipio	Cemete	ery	2/10)/98 P	erryvi	lle, Man	yland
Baltimore,	permit. Pages 1 and 2 Depertment of Health of Important: If Item 27 is any Injury or other tra once.		21. Signature of Funeral Service Licens	66			lame end Addre			-			
**	20529		Chman M.	A1054.	NT ST.		e A. Pa rryvill						
			23e. Pert1. Enter the diseasa, or comp shock, or heert tailure. List only of	licetions thet ceu	sed the deeth. Do	not enter t	tha mode of dyi	ng, such as o	cerdiac or ras	piretory erres	t,	Appro	ximete
	Physician						1					Onsai	el Between t and Death
6	/Medical Examiner		Immediate Ceuse (Finel disease or condition	\mathcal{O}_{λ}	renu	he	mine	1 <	200	05			
	LAGITITICI	L.	resulting in death)	•	Due to (or es a	conseque	nce ot):	1 -	J.	40			
	be #	in e		b. (L)	midle	MA	DT	ten.	mon	14.		į	
	and I-tran	xan	Sequentially list conditions, if any, leading to immediate		Due to (or es e	conseque	nce ot	107-30-314		,			
68760,	cete be axecuted physician and the burial-transit	dical Examiner	Ceuse (Disease or Injury	C									
8	phys the		thet initieted events resulting in death) Last		Due to (or as a	consequer	nca of):						
	requires thet the death certificen is signed by the ettending I hould be detached for use as	Physician/Me		d								<u> </u>	
ROX	etten for u	cian										i	
o.	the d	iysi	Pert II. Other significant conditions co	ntributing to death	n but not resulting	in the unde	orlying ceuse gi	ven in Pert I.				ntribute to the ca	
0	ed by deta		Dements	01						1 🗌 Yee	2□ No	3 Probably	4 Onknown
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	icata ha		1300	>						1 🗆 Yes	2XXNo	1 ☐ Yes	2□ No
Vita	iclan: The certificata rector, pay	Be	25. Was cese referred to medical exeminer?	Hospitel:			04		ot Deeth (Che	ack only one)			
ō	Physiclan: this certific ral director,	2	1 Yes 2 No 27. Manner of Deeth	28e. Dete of li		-	3LI DON		sing Home				
5	h. Aftar fune	lon	1 Naturel 5 ☐ Pending	(Month, i		Time ot Injury	28c. Inju Wo			Describe how	injury occur	red	
<u>s</u>	Attending or deeth. Retor: Attar by the fune	cat	2 Accident investigation 3 Suicide 6 Could not be	One Diseaset	Initiate Abbassa A			Yes 2□N		continu (Ctoo	at a and them t	and an Dural Paul	At anhan
JIVISION OF	or Attendater deeti Diractor:	ertification:	4 ☐ Homicide determined	building,	Injury - At home, to etc. (Specify)	arm, street	, tactory, office			ity or Town,		per or Rural Route	i rvum <i>oer</i> ,
	Hospital 24 hours Funeral stely filled	O	29e. Certifier 1/2 Certifying Phy	alclen: To the be	et of my knowledge	n dooth or	ourred at the ti	mo data and	I place and d	us to the source	00/0\000	nance on stated	
	To the Hospital or Attending Physician: within 24 hours after deeth. To the Funeral Director: After this certific completely filled in by the funeral director.	edical	29e. Certifier (Check only one) 1 Certifying Phy 2 Medical Exami	ner: On the basis	ot examination er	nd/or inves	tigetion, in my	opinion, death	h occurred et	the time, det	end plece,	and due to the ce	use(s)
	To the within 2 To the comple	X e	29b. Signeture end title of by file	/			29c. Licens	se number	152	290	Date sig/se	d (Month, Day, Y	ear)
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	X		30. Neme end address of person who co	Ampleted ceuse of	1 Al La	(Type, Pri	ITL	Ban	MA	>	901	Do you	MALIA
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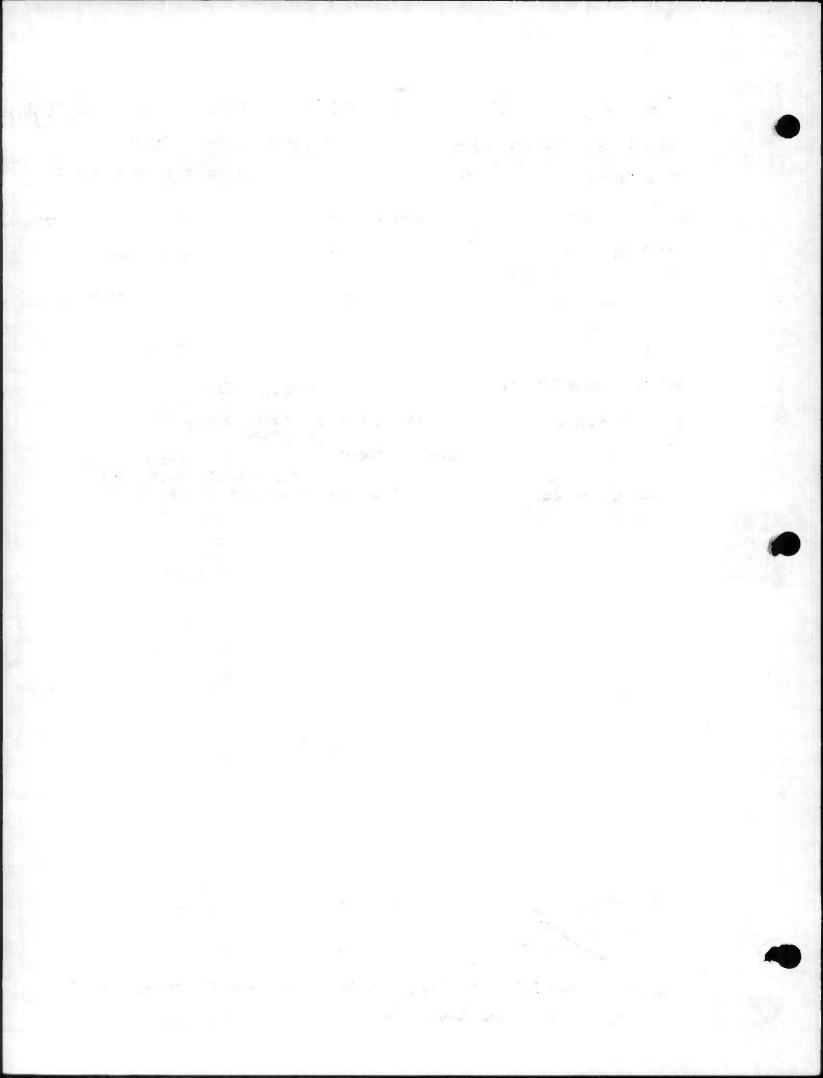
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31. Dete filed (Month, Dey, Yeer)
FEB 1 0 1998





Item:11 pe	r F	H G-757 3/2/98 dh	State of Mar	yland / I	Departi Certif	ment of I icate of	lealth and N Death		giene g	8 05213
Physic: /Medi Examir	an cal	Decedent's Name (First, Middle, Last C 4e. Fecility Name (If not institution, give	B		Ja	ohns	ON 4b. City, Town, or L	2. Dete of De Month	Dey	3. Time of Deeth
Funeral Director		587 42 8067	9x 7. Age (in yrs. lest bii 9		Under 1 Yeer onths Deys	Prince Fr If Under 24 Hrs. Hours Min.	ederic 8. Dete of Bir (Month, De Jan 15	th by, Year)	9. Birthpieca (Stete or Foreign Country) Mississippi
aryland ahow	J.	Usuei Residenca of Decedent 10e. Stete 10b. County MD P.G.	1	Oc. City, Tow	n or Location					10d. inside City Limits
th with the Maryla 23a or 28a-f aho	il Director	MD P.G. 10e. Street and Number 4131 Maple Road		PIOLI		0f. Zip Code 2074	16			1 □ Yes 2□ No Whet Country? States
tar dea frems	by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3XXWidowed	12. Wes Decedent Eve Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes:	er in U,S.			Hispenic Orlgin? (Spen, Mexican, Puerto	ecify Yes or No Rican, etc.)		ce - American Indlen, eck, White, etc.
within 72 ens. than main	Completed	15. Decedent's Ed (Specify only highest green Elementacy/Secondery (0-12)	ucation de completed) College (1-4or 5+)		Decedent' (Give kind life. DO I		petion during most of work d)	ing	16b. Kind of E	Business/Industry
be file dotherwork	To Be C	17. Fether's Neme (First, Middle, Last) Jefferson Davis B	lackwell				18. Mother's Nem	20 10 0 0 0	Meiden Sume	me)
		19e. Informent'e Neme/Rejetionship (1 Grace B. Johnson		4	131 M	aple Ro	end Number or Rui	ingside	, Md 20	746
Page Page ment of ury or		20a. Method of Disposition XX Burial 2 Cremetion 3 4 Donetion 5 Other (Specify)	Sauci.	er Ce	metery	Peb 9, 19		Saucie	r, Miss.
Balti Permit. Departm Importa- any inju		21. Signeture of Funerel Service Licen	*		Ale	xandria	a Ferry	Road, C	linton,	nc 6633 Old Md 20735
Physician /Medical Examiner	Examiner	23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of Immediate Cause (Final disease or condition resulting in death)	e. Acut b. Atteo	1 Mile to (or es e	10ca consequent	d g l				Approximate interval Between Onset end Deeth
. Box 68760, deeth certificata be executed e attending physician and dor use as the bunel-transit	edicai	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest	c	e to (or es e						
P.O. nat the d by th	by Physician/M	Pert ii. Other significant conditions co							tobacco uae c	ontribute to the cause of death? 3 Probably 4 Unknown
Records, he law requires the has been signed to see the second be considered.	Completed t		J	, 				24a. Was	en eutopsy ormed?	24b. Were autopsy findings eveileble prior to completion of cause of deeth?
of Vital Rec Physician: The law this certificate has b ral director, page 2 s	Be	25. Wes case referred to medical exeminer?	Usasitali			Lou	26. Place of Deal		Yes -25 No	1 Yes 2 No
ng Phy frer this	Certification: To	27. Manner of Deeth Neturel 2 Accident 3 Suicide 6 Could not be	Hospitei: 1 ☐ inpatient 28e. Dete of injury (Month, Dey Yo	ear) 28b.	Time of njury		Nursing Ho	28d. Describe	dence 6 Ot	rred
Division To the Hospital or Attendivibing 24 hours after death to the Funeral Director: A completely filled in by the fi		4 Homicide determined	28e. Pieca of injury building, etc. (S sician: To the best of m				me dete and niece	City or To	wn, Stete)	oppoor as stated
To the Hospital within 24 hours of the Funeral completaly filled	Medicai	(Check only one) 2 Medical Exam 29b. Signeture end title of certifier	Inar: On the basis of ex end menner steted	eminetion en	d/or investi	29c. Licens	pinion, deeth occur	red et the time,	date end place	and due to the cause(s) ed (Month, Day, Year)
		30. Name and eddress of person who Jonathan D. Lowe	nthal, M.D.	120 F)		rince Fi		c,Md.20678
Sta Registr		31. Dete filed (Month, Dey, Year) FEB 1 1 19	32. Registrer's	Signature	Randall					

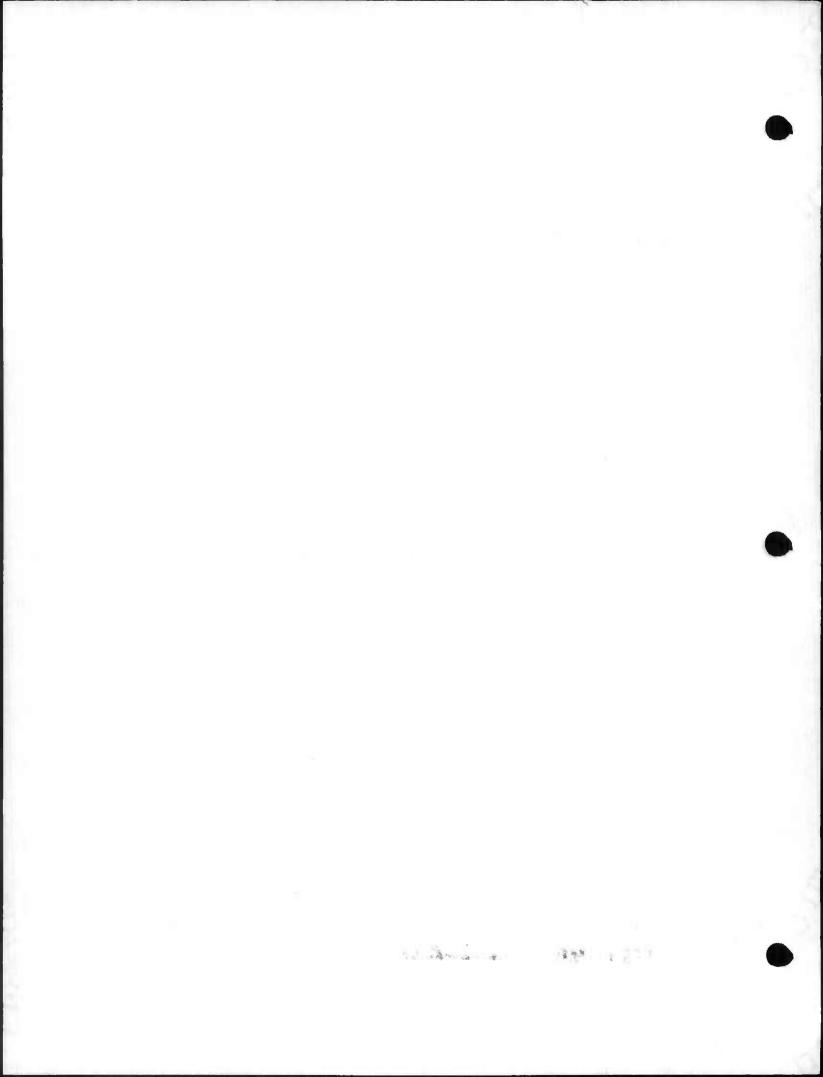


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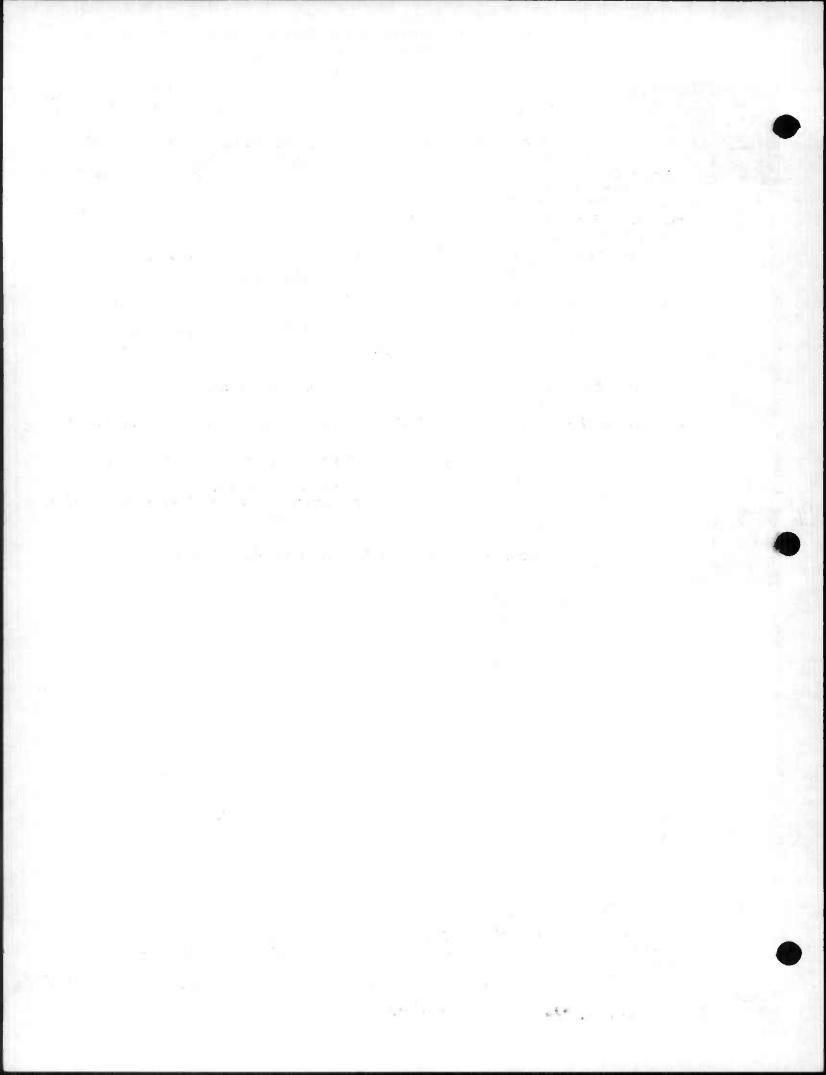
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthed for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to be	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other trauma

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF		WEA	YEAR 3. TIME OF DEATH			
	ISAIAH S. JON	The state of the s					2	3	98	11:30pm M			
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BHRTH 8. BIRTTI MONTHUR DAVID DA												
	225-46-2816 1 9a. FACILITY NAME (If not institution, give street	X M 2 D F 58	YRS.		- 1		2	5 39		shington, D			
<u>m</u>		t and number)				LOCATION OF D	EATH	1	e. COUNTY O	DEATH			
DIRECTOR	8407 20th Ave.			Ade	elbh	li			PG				
E E	Manager 10b. COUNTY			tv, town or delph		NC			-	10d. INSIDE CITY LIMITS?			
	Maryland PG		1 TES 2 NO										
RA	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF 1 10g. CITIZEN												
1 2													
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	IV.	yes, spec	elfy Cuban, Maxic	en, Puerto Rici		В	ACE — American Indian, ack, White, etc.			
BY BY	3 Wildowed 4 Divorced 6	.30/60 7	/18/63			X io space			B	lack			
TED	15. DECEDENT'S EDUCAT (Specify only highest grade con		16a. DECEDENT' (Give kind of life. Do NOT	work done du	CUPATION uring most	of working	16b. KI	ND OF BUSIN	ESS/INDUSTRY				
1 2	Elementary/Secondary (0-12)	College (1-4 or 5+)		untar	+		Acc	count	ina				
COMPLET	17, FATHER'S NAME (First, Middle, Last)		ACCO	uncar		18. MOTHER'S NA							
	William Henry	Tonos /Wi	fo						manne)				
) BE	19a. INFORMANT'S NAME (Type/Print)	nones / WI		G ADDRESS (Street and	Nanny Number or Rural		CYIS City or Town, S	State, Zip Code)				
5	Bernice Jones/Wi	fe	8407	2oth	ı Av	e. Ade	elphi	Md.	2078	3			
	20a. METHOD OF DISPOSITION X Burlet 2 □ Cremetton 3 □ Remove	from State 20b.	PLACE AND DATE	OF DISPOSIT	ION/Nam	e of	DATE	20c. LOCAT	TION — City or	Town, State			
	4 Donation 5 Other (Specify)	- Р	arkTan					8 Ro	ckvil	le, Md.			
	21 SHOWN CHARLOW SERVICE LICENS					ADDRESS OF FA			0019				
\vdash	races									NE DC			
	23. PART I. Enter the diseesea, or com ahock, or heart feliure. List	plications that caused tonly one cause on As	the death. Do	not enter t	he mode	e of dying, suc	ch aa cardiad	or respirat	ory arrest,	Approximata Interval Between			
	iMMEDIATE CAUSE (Fine) disease or condition	ρ	POS 74	70 (1111					Onset and Death			
	resulting in death)	DUE TO (OR AS A			7100	21		·		4 42 years			
z				. ,.									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE (OF):			-						
S	CAUSE (Disease or Injury												
E	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE (DF):									
S	d												
AL	PART II. Other aignificent conditions c	ontributing to death bu	rt not resulting	in the und	erlying	cause given in	Part I. 24	e. WAS AN AU PERFORME		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
EDIC/							1	TYES 2		COMPLETION OF CAUSE OF DEATH?			
≥					_					1 TYES TO NO			
AN	25. WAS CASE REFERRED TO MEDICAL												
Sici	EXAMINER?	OSPITAL:	ellent 3 🗆 DOA	OTHER:		CE OF DEATH (C)							
H	27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 28b. TIME OF INJU												
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l w l	296. SIGNATURE AND DITUE OF CERTIFIER	11/2	10()		1	29c. LICENSE NU	MBER	2	ed. DATE SIGN	ED (Month, Day, Year)			
10 B	Nouve 1	cope /	W			1)2031	25		46	()8			
	30. NAME AND ADDRESS OF PERSON WHO CO	I KAT	TH (ITEM 27) (取り	8 920	s U	bolya	e Ro	16	Discr	MN			
	31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGNA	TURE	V		· V			1				
	FFB 09 1998 Jahin Stroken Parlett												



State of Maryland / Department of Health and Mental Hygiene Certificate of Death FOUND 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath Day **Physician** 04:30 PM PETER ROBERT JACKSON JANUARY 29 /Medical 4c. County of Death FOUND 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death Examiner 27th STREET 4704 PRINCE GEORGES MT. RAINI If Under 1 Year | If Under 24 Hrs. RAINIER 5. Social Sacurity Number 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplece (Stata or Foreign Country) **Funeral** 1₩ 2□F Days Yrs. Director 107-30-0571 April 16, 1937 Pennsylvania Usual Rasidance of Decedant the Maryland 10h County 10c. City, Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Modical Express must be notified at 1 N Yes 2 No Director Maryland Prince George's Mount Rainier 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4704 27th Street - Apartment #1 20712 U.S.A. death Funeral 11. Marital Stalus 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. filed within 72 hours after Hygiene. 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: by Specify: White 3 ₩ Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complatad) 16b. Kind of Business/Industry Direct Mail and 2 should be filed within ealth end Mental Hygiene. n 27 is marked other than Elemantary/Secondery (0-12) College (1-4or 5+) Advertising Company 12 Book Binder 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middla, Maidan Sumema) Joseph F. Jackson Mary C. Durkin 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Code) permit. Peges 1 and 2 s Department of Health er Important: if item 27 is any injury or other trau Mary T. Novak - Niece 6145 Fieldcrest Drive, Frederick, Maryland 21701 20b. Place of Disposition (Nama of cemetery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cremetion 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Spacify) Mount Olivet Cemetery 02/02/98 Washington, DC 22. Nama and Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licenses ense 4739 Baltimore Avenue, Hyattsville, MD 20781 23a. Part1. Enter the disaesa, or complications thet causad tha daath. Do not enter the moda of dying, such as cerdiac or respiratory arrast, shock, or haart failura. List only ona causa on each lina. Approximata Intarval Baty **Physician** /Medical Immediete Causa (Final . ARTERIOSCUERETIC CARPIOVASCULAR DISTASE disaase or condition rasulting in daath) Examiner Dua to (or as e consequance of) Examiner law requires that the death certificate be executed bunal-transit Sequentially list conditions, if any, laading to immediata ceuse. Enter Undarlying Causa (Disaase or Injury thal initiated events rasulting in daath) Last Dua to (or as a consequance of): nding physiclan ause as the bunal Box 68760. Physician/Medical Dua lo (or as a consequance of): use as for u signed by the a P.O. I Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 24a. Was en autopsy parformed? 24b. Wara autopsy findings eveilable prior to Be Completed Deed completion of cause of deeth? certificate has page 2 2D No of Vital 25. Was cesa referred to medicel 26. Placa of Daath (Check only ona) examinar? Other: 4□ Nursing Homa 5 Rasidance 6 □Other (Specify) 10 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Mannar of Daath 1 Danaturel 28e. Data of Injury (Month, Day Year) To the Hospital or Attending Pi within 24 hours after death. To the Funeral Director: After th completely filled in by the funera 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred After t Division 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 ☐ Suicida 28a. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 281. Location (Straat and Numbar or Rural Routa Number, City or Town, Steta) 4 Homleida Medical 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at the time, deta and place, and due to the cause(s) and manner stated. 29a. Cartifian (Check only one) 29b. Signalura and litla of certifie 29c. License number 29d. Dela signed (Month, Day, Year) JANUARY 30,1998 ed causa of death (Item 23a) (Typa, Print) F. GOLVE 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 MARIO JR MYD 32. Registrar's Signature 31. Data filed (Month, Day, Year) State 02 1998 FEB Registrar



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	Physici	an	Decedent's Nen	ne (First, Mide	dle, Las	st)							2. Dete of Deeth Month Dey Yeer 3. Time of D					
	/Medi	al	BRUCE S. JONES							January 28, 1998 Location of Deeth 4c. County of De				4:4	O PM			
ķ	Examir	er	1900 Lytt					111		(ocation of Di			of Deeth	у	
	Funeral		5. Sociel Security I		6. S			yrs. lest birtho		If Under 1 Year		24 Hrs.	8. Dete of	Birth				tete or Foreign
н	Director		213-44-7		1	OXM 2□ F		52 Yrs	S. N	Months Days	Hours Min.		Dec.	Day, Year	, 1945 Ba.		ino 1	ce, MD
	pue *		Usuel Residence of 10e. Stete	10b. Count	v		100	City. Town o	r Locat	rion						1	Od Inci	de City Limits
	r 28a-f show	lor													,		Yes 2 No	
	r 284	rect		Street end Number					10f. Zip Code						Itizen of	Whet Country?		
	death with the Maryland ms 23s or 28s-f show	ai D	1900 Lytt	tonsvi]	lle	Road,	Unit 1	1111		209	10				U.S.	. A.		
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20	0 0 0	by Fu	1 Never Man			1 ĀYes If Yes, Gi	2□No .	1965-		Yes 🐉 No	Specify		1110411, 050.)			y: Bla		
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215		Completed		city only high	est gre	de completed)	1 400 8 1	10	ive kin	d of work done of NOT use retired	durina mos	it of work	ing	16b. Kind of Business/Industry				
21	d within giena. or than	Com	Elementary/Sec 12th	1		College (1-40r 5+)	Į	J.S.	Milita	ry			U. S	S MA1	rines		
pu	s 1 and 2 should be filed withir f Haaith end Mental Hygiena. Item 27 is marked other than other traumatic event, the Me	Be (17. Fether's Neme	(First, Middle	, Last)								e (First, Mid		n Sumen	ne)		
yla	2 should be end Mental is marked or	10	Archie 3									_	a Mort					20010
Maryland	d 2 sho thend 7 is me traum		19e. Informent's N							Address (Street								
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Baltimore,	ant o		1 Buriel 2			Removel from				ory or other plea Jeterans			2-4			nam,		
alti	permit. Pa Depertmen important: any injury		21. Signeture of Fi		-			lar y rai	22. N	ame end Addres	ss of Fecili	tv						
m	Depermine Depermine any irrespondent		12.	P. 7	110	uhel	1			arshall'							000	
-			23a Party Enter I shock, or her	the disease, o	r comp	picetions that cone ceuse on a	aused the c	leeth. Do not	enter t	he mode of dyln	g, such es	cerdiec	or respiretor	y errest,	gron,	, DC	Approx	
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Box	deeth certific ettending p	Physician/M														i		
0	the the	ysi	Pert II. Other signi	ficant conditi	ons co	ontributing to de	ng to death but not resulting in the underlying ceuse given in Pert I.						23b. Did tobacco use contribute to the cause					
σ,		by P											1	☐ Yes	2 ⊔ No	3 ☐ Proi	Dabiy	4¹S Unknown
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	ding I h. After funer	tion	1 Neturel	5 Pendi	ng igation		th, Dey Year	28b. Tim Inju	ry	28c. Injun World	yet k? Yes 2 □		28d. Descri	oe now inje	ury occur	red		
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	lospit I hour unera		29e. Certifler (Check only	1 Certifyi	ng Phy	yelclan: To the	best of my	knowledge, de	eeth oc	curred et the tin	ne, dete en	d plece,	end due to t	he cause(s	s) end me	enner es si	teted.	100(0)
29e. Certifler Check only one) 2 Medical Examiner: On the best of my one) 2 Medical Examiner: On the basis of exame and menner stated.																		
	5 1 5 0		29b. Signeture and	Title of Certific	V	2000	nee	29c. License number						29d. Date signed (Mont				er)
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(0/11	-	30. Name end eddr								7 77	_1 '		D ^	0010			
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-	Registr		FE	B 02	1998	3 Jul	Down	gneture Lan Ren	all									

SHARLES

State of Maryland / Department of Health and Mental Hygiene

tificate	of	Death		Red

OXON HILL

Physician
/Medical
Examiner

1. Decedent's Neme (First, Middle, Last) HARLES

JENNINGS

2. Date of Deeth

4a. Facility Name (If not institution, give street and number) 1314 SOUTH VIEW DRIVE

M 2 F

Was Decedent Ever in U,S. Armed Forces?

1 Yes 25 No If Yes, Give Year or Dates:

Coilege (1-4or 5+)

JENNINGS.

4b. City, Town, or Location of Deeth

JANUARY 27,1998

6:20P.M.

10d. inside City Limits

1 Nes 2 No

Funeral

10a. Stete

7. Age (fn yrs. last birthday) Yrs.

If Under 1 Year | If Under 24 Hrs.
Months | Deys | Hours | Min. 8. Dete of Birth (Month, Day, Year) Deys July 23, 1935

PRINCE GEORGES Birthpiece (State or Foreign Country)

4c. County of Death

10g. Citizen of What Country?

1,5,A.

16b. Kind of Business/Industry

Race - American Indien, Black, White, etc.

Specify: BIACK

Director

28a-f ahow

with the Maryland d other than "natural", or flams 23a or 28a-f ahov event, the Medical Examinal must be notified at

pormit. Peges 1 and 2 should be filed within 72 hours after death w Department of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23s any lojury or other traumatic event, the Market

Physician /Medical Examine

attending physician and for use as the burial-transit signed by the a d be detached f certificate has birector, page 2 s or Attending Physician: after death. Director: After this certifica funeral

The lew requires that the death certificate be axecuted

Division of Vital Records, P.O. Box 68760

filled in

5. Social Security Number 225 56 7804 Usual Residence of Decedent VA Director 10e. Street and Number 300 Funeral 11. Maritai Status 1 ☐ Never Married 2 Married by 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) 17. Father's Name (First, Middle, Last) Be CHARLES 19e. Informant's Name/Relationship (Type, Print) RANK Method of Disposition 1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service License immediate Cause (Final disease or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical þ

Completed Be Certification: To 27. Manner of Death 1 Naturai 2 Accident 3 Suicide 4 Homicide 29a. Certifier

10b. County NONE

H.

ALEYANDRIA

10c. City, Town or Location

STREETH 1004

 Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 No

Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

PORTER

RENTAL CAR CO. VIRGINIA

JENNINGS

5008 BAY WEIF St. CAMP SPRINGS MD20748
ca of Disposition (Name of Date 20c. Location - City or Town, State 20b. Placa of Disposition (Name of cemetery, cremetory or other place)

PLEASANT VALLEY MEMJANDS, 98 ANN ANDAIE, VA

22 Neme end Admen Necili UNERAL HOME, INC.
814 FRANKLIN STREET
ACEXANDRIA. VIRGINIA 22314

23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. all ypertensive atherose brotie landiovascular dise as e

Due to (or as a consequence of): Due to (or as a consequenca of)

Due to (or es e consequenca of)

Part Ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy Limite & 1 Yes 2 No

26. Place of Death (Check only one)

24b. Were autopsy findings available prior to completion of cause of death? ↑QYes 2□ No

Approximate Interval Between Onset end Death

25. Was case referred to medical examiner? X1√2 Yes 2□ No

5 Pending

28a. Date of injury (Month, Day Year) investigation 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State)

Certifier (Check only one)

Certifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred et the time, date and placa, and due to the cause(s) and manner steted.

29b. Signature end title of certifier

29c. License number O.C.M.E. 29d. Date signed (Month, Day, Year) JANUARY 28,1998

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Radentz Stephen 5. 31. Date filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

FFR 04.1998

32 Registrar's Signature

Hospital 24 hours a 24 hours

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	Physician /Medical	CURTIS	Vame (First, Mid JONES	dle, Last)						2. Date of Do Month FEB.	Day 1998	Yeer	3. Time of Death 5:15 PM
	Examine	4e Fecility Ner	ne (If not institut			ber)				SPRINGS	th 4c. County MONTO		Y
	Funeral Director	5. Social Secur 579–62–9	ity Number	6. Sex		. Age (In yrs	: lest birthda Yrs	Months Day	r If Under 24 H	rs. 8. Dete of Bi		9. Birthol	ece (Stete or Foreign
	the Maryland	10e. State	10b. Coun MONTGC				ity, Town or LVER SE					10	od. Inside City Limits
	flor death with the Maryland ritems 23s or 28s-f show riter must be notified at	10e. Street and 2049 KIN	Number S HOUSE F	D.				10f. Zip Code 20905			10g. Citizen of V U.S.A	/hat Count	lry?
020	urs after	3 □ Widow	tus Married 2∭ Ma ed 4 □ Divorce	rried	Was Deced Armed Ford 1 N Yes 2 If Yes, Give Year or Det	es?	U,S. 1	3. Wes Decedent of If Yes, specify Cu	ben, Mexican, Pu	(Specify Yes or N erto Rican, etc.)	Blac	e - America k, White, e	
21215-0020	na na	(15, Decede Specify only high	ent's Educati	ion om <i>pleted)</i>		(G	cedent's Usual Occ ive kind of work don a. DO NOT use reti	e during most of v	vorking	16b. Kind of Bu	siness/Ind	ustry
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	d 2 should be filed the end Meniel Hygin T is marked other traumatic event,	THOMAS T	ime (First, Middle JONES	e, Last)					18. Mother's N		e, Maiden Sumam	θ)	
Maryland	nd 2 should builth end M 27 is mer or traumer		's Name/Relation JONES	nship (Type,	Print)		19b. M 2049	elling Address (Stre KINGS HOUSE	et end Number or CRD. SILVE	Rurel Route Numi R SPRINGS	ber, City or Town, MD. 20905	Stete, Zip	Code)
Saltimore,	Pages 1 and nent of Health int: If item 27 ury or other to		Disposition 2 Cremation ion 5 Other		noval from St	ate In-	I TNO	sposition (Name of cremetory or other p		2/9/98_	SILVET HADANSH	Spr Spr RG, M	en, State ing).
Balt	permit. Pages Department of Important: If it any Injury or once.	21. Signature	Superal Service	a Licansee	72 8	Est l		HERVEN Add		3200 r. i.	ave. mt.	rainie	er, md. 20712
	Physician /Medical Examiner	Immediate Ca disease or cor resulting in de	use (Final	or complicat st only one c a	tions that ca cause on ee	used the ench line. Due to	wH	enter the mode of d			arrest, alcoti	is	Approximate Interval Between Onset and Death
Box 68760,	death certificate be axecuted attending physician and of or use as the bunal-transit	Ceuse (Diseas that Initiated er resulting in de	st conditions, to immediate Underlying to orliving tents tents tents	{ <u>`</u>		ARADMA	VII (100-111-111-111	sequence of):	indis	negista	sky		
P.O.	the carbon sy the ache.	Part II. Other s	Ignificant condi	tions contrib	outing to dea	th but not re	sulting in th	e underlying cause	given in Pert f.		tobacco use coi	3 Prob	the cause of death?
Records,	been sign										s an autopsy lormed?	cor	ore autopsy findings bilable prior to inpletion of cause death?
I Re	The law									1/2	Yes 2□No	1/2	Yes 2 No
Vital	slan: ertific ector.	25. Was case examiner?	referred to medic	Hos	pital:	7.72		_	ther _	eath (Check only			
o	hys hys		2□ No Death		28a. Date of	Injury	ZER/Outpa 28b. Tim	Herit SLI DOA	4 □ Nursing jury at lork?	1	how injury occur		<u>)</u>
Division	tal or Attending P is aftar death. al Director: After t ied in by the funer Certification.	1 □ Natura 2 € Accide 3 □ Suicid	ent Inves	tigetion	2-3	Dev Year)	SOO O	P M 1	Yes 2 No	Driver 281, Location	(Street end Numb	er or Rure	Route Number.
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	thin 24 hours thin 24 hours the Funer mpletely fill		Medical Medica	I Examinar:	: On the bas	is of examin	ation and/o	r Investigation, In my	opinion, death of	coursed et the time	, date and plate,	and due to	Prop (s)
		29b. Signatur	Sin	Los	le	MD			C.M.E			19	1
	10	39 Napre and	address of person	n who comp	eleted cause			pe, Print) enn Stree	t, Baltin	nore, Mai	ryland 21	201	
	State Registrar		Month, Day, Yee		32 Re	gistrar's Sign	ar Con	L.K.					

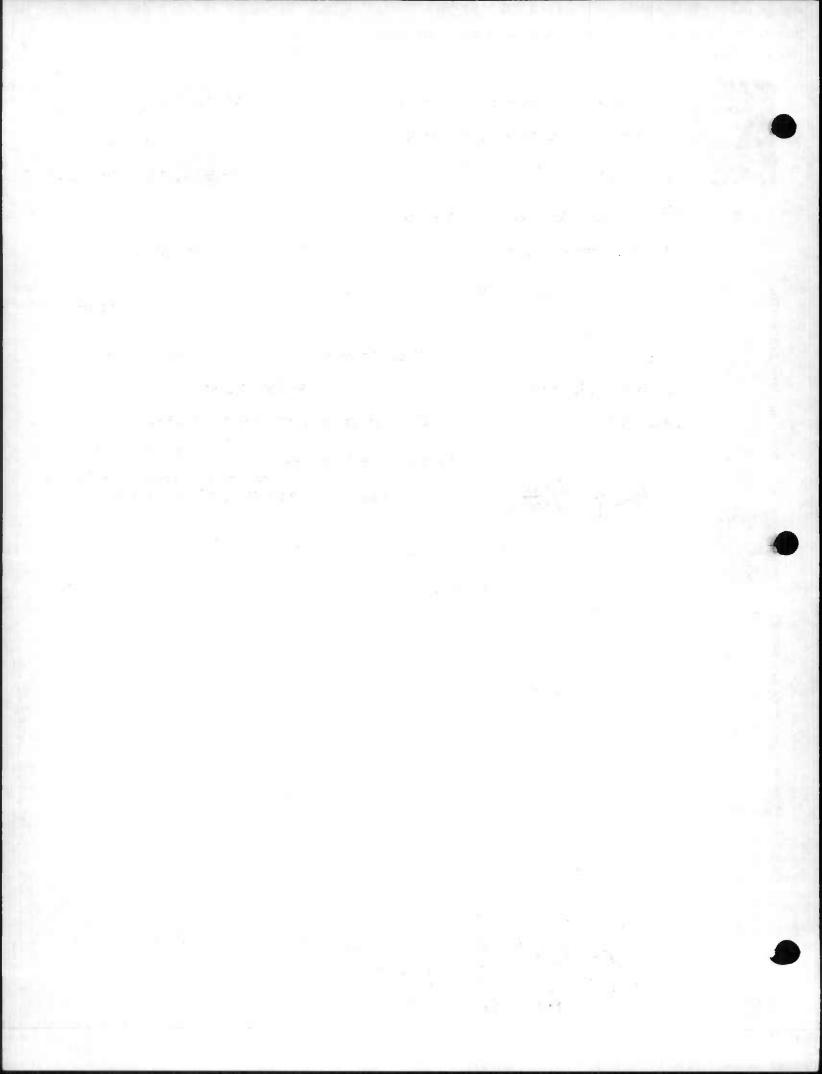
20 Marie Marie Paris

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Feb*9, 1998 Lauren Joseph Kneas 3:00 PM /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** Anne Arundel General Hospital Annapolis Anne Arundel If Under 1 Yaar | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral X**XM 2□ F Yrs Director 213 56 1339 March 21, 1950 Blytheville, AK death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ral', or items 23s or 28s-f show Examiner must be notified at MD 1 ☐ Yes 2 📉 📉 o Director Anne Arundel Harwood 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4776 H. Carmody Court 20776-9711 United States Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Race - American Indien, Black, White, etc. 11. Marital Status pemit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiena. Important: if Item 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Exercite once. 1 Yes 2 No If Yes, Give Yaer or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes XXNo Specify: Specify 3 ☐ Widowed 4 ☑ Divorced White 15. Decadent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 Truck Driver Self Employed 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Lauren Leach Kneas Marion Stemac 19a. Informant's Neme/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) David Kneas 178 Main Street, Annapolis, Md 21401 20b. Place of Disposition (Name of camatery, cremetory or other place) Feb 12, 1998 20a. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20c. Location - City or Town, Stete Clinton, Md 20735 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery 21. Signatura of Funeral Servica License 22. Name and Addrass of FacilityLee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heer failure. List only one cause on each line. Onset and Deeth **Physician** intra Creabral /Medical immediate Cause (Finel diseese or condition resulting in deeth) Examiner Examiner iclan and burial-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, laading to Immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last Box 68760, physiclan s the buria Physician/Medical Dua to (or es e consequenca of) 88 been signed by the a should be detached f P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records. þ 24b. Were autopsy findings aveilable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? page 2 s 1 Yes 2 10 No 1 ☐ Yes 2 ☑ No certificate Division of Vital or Attending Physician: director. Be 25. Was case raferred to medical 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Homa 5 Rasidenca 6 Other (Specify) Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Naturel 5 Pending daath. 1 Tyes 2 No Invastigetion 2 Accident 24 hours after deat Funeral Director: 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 29e. Certifier Medical 1 Certifying Phyaician: 76 the best of my knowledge, deeth occurred at the time, date end piece, end due to the cause(s) and manner as stated within 24 hor To the Fune complately fi (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner grated. 29b. Signature and title of certifie 29d. Dete signed (Month, Dey, Year)

AVG 4/27 Annipoly

State Registrar

31. Dete filed /Md



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of the Feb. 08,1998 Year 9:45F Dail William Knapp 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street end number) 4c. County of Death Physicians Memorial Hospital La Plata Charles If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth Dec. 16 1910 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) Months Days Hours 125M 2□ F Yrs. 87 215-76-5135 Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Charles LaPlata 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 7400 Bumpy Oak Rd. 20646 14. Race - American Indian, Black, White, etc. 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 1X Yes 2 No If Yes, Give Year or Dates WW II 1 Never Married 2 Married Specify: White 3√ Widowed 4 □ Divorcad 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Federal Government 8 Machinist 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname)

Sally Edwards Knapp

UNKNOWN

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9540 May Day St. LaPlata, MD 20646

r is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examiner must be notified at Dail William Kna Baltimore, Maryland 21215-002

Physician

/Medical

Examiner

10a. State

Director

Funeral

by

Completed

MD

Benjamin Knapp

19a. Informant's Name/Relationship (Type, Print)

Patricia Hall/Daughter

Funeral

Director

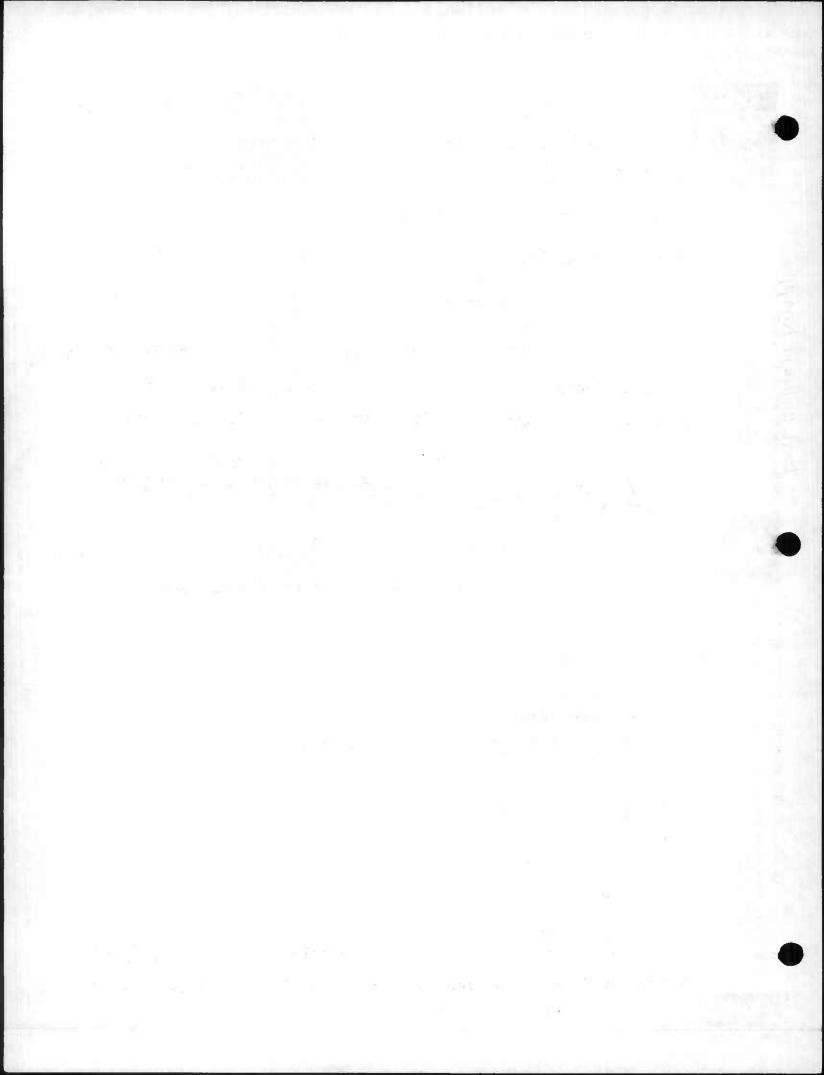
with the Maryland

Physic /Medi Examir

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours effer death.

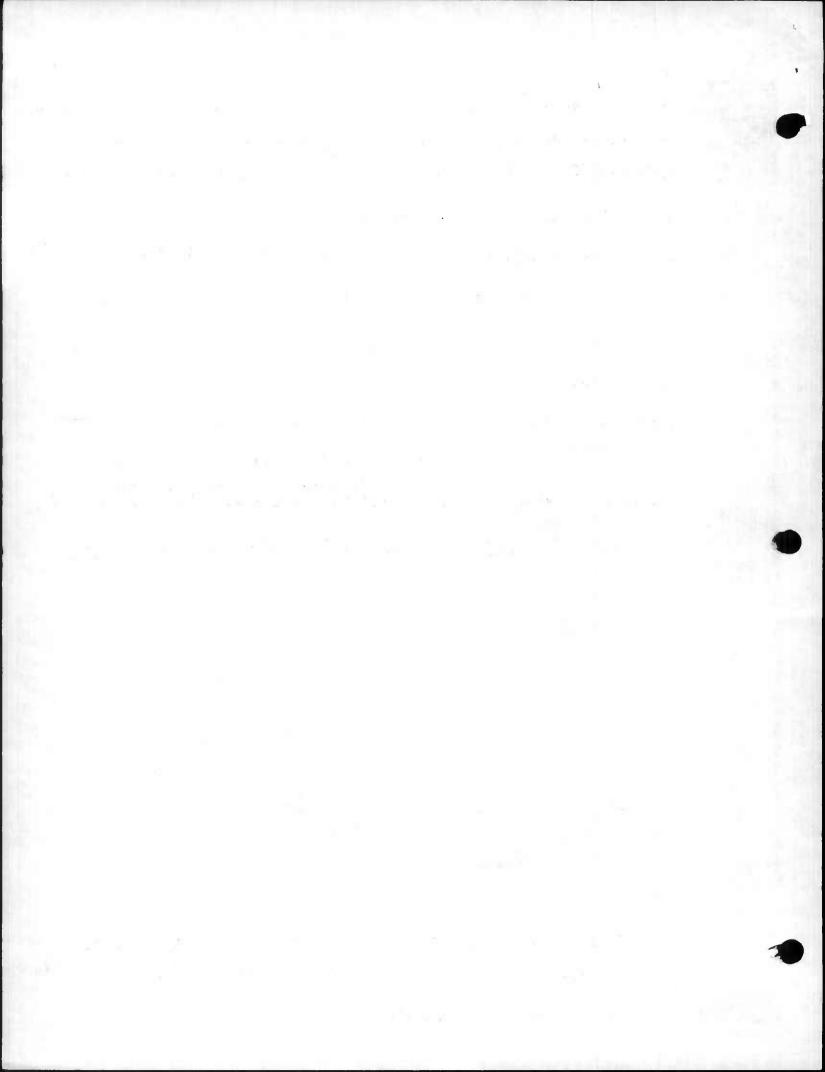
To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, case 2 should be deteched for use as the build-transit completely filled in by the funeral director, case 2 should be deteched for use as the build-transit Division of Vital Records, P.O. Box 68760,

20a. Method of Disposition 1 □ Surial 2 □ Cremation 3 4 □ Donation 5 □ Other (Special Content of Special Co		20b. Place of Dispo cemetery, cren Woodlan	na <i>tory or othei</i>	place)	Date /13/98		city or Town, Stete
21. Signature of Funerel Servica Lic	censee - Elys	MOO945 P		rechols ox 567 L			
23a. Part1. Enter the disease, or co shock, or heart failura. List on	niy one cause on each lin	ne.		. 55		arrest,	Approximate Interval Betwee Onset and Dea
Immediata Causa (Final disease or condition resulting In daath)	KE!	SPIRATO	RY 1	AILUR	E		UNKN
resulting in datiny	0100	Due to (or as a conseq	uance of):		111010	2:000	
	b. CHRO	NIC OB	STRU	CTIVE	LUNG	DISEA	JE
Sequentially list conditions, if any, leading to immediate		Due to (or as a conseq	uence of):				
cause. Entar Underlying Cause (Disease or Injury that initiated events	C						
resulting in deeth) Last		Due to (or as a conseq	uence of):				
	■ d						
Dod II Other elevidant and delevi	a a a saidh i sia a sa air asta ta		ada ata ta a a a tito	al about to Book to	ook Di	44.6	
Part II. Other significant conditions		at not resulting in the ur	ndenying caus	e given in Pert I.			antribute to the cause of c
PNEUMO	AIN				. '	Yes 2 No	3 Probably 4 Un
CONGE.	STIVE	HEART	FAI	LURE		as an autopsy formed?	24b. Wara autopsy find available prior to completion of cau- of death?
					10	Yas 2 No	1 ☐ Yes 2 ☐ No
25. Was case referred to madical				26. Place of D	eath (Check only	/-	
examiner? 1 ☐ Yes 2/20 No	Hospital:	nt 2 ER/Outpatien	t 3 DOA	Other: 4 Nursing	Home 5□Re	sidence 6 Oth	ner (Specify)
27. Mannar of Death 1 Natural 5 Panding 2 Accident investigat	28a. Data of Inju (Month, Day	ry 28b. Time of		injury at Work? 1 Yes 2 No		e how Injury occur	
3 ☐ Suicide 6 ☐ Could not datarmine	28e. Placa of Injudent	ury - At home, farm, str c. (Specify)	eet, factory, of	lica	28f. Location City or 7	(Street and Numb own, Stata)	ber or Rural Route Numbe
29a. Certifier (Check only one) 1 Certifying F	Physician: To the best caminer: On the basis of and manner sta	examination and/or inv	occurred at the	ne time, date and place my opinion, death occ	ce, and due to the	e cause(s) and ma e, date end place,	anner as stated. end due to the cause(s)
29b. Signature end title of certifier	0		29c. Li	cense number		29d. Date signe	d (Month, Day, Year)
) //	l ~	2		43070		2/	9/98
VV	n completed cause of d						
30. Neme and address of person wh		1 5					00705
Vivek Nag,MD	8926 Wood	yard Road	Suit	ebul Cli	nton, M	aryland	1 20/35
Vivek Nag, MD (8926 Wood 32. Registro	yard Road ar's Signature Judion Rand		ebul Cli	nton,M	aryland	1 20/35



Physician Modical Examinor A Feelin, when given institution, or source of manifestion of the property of the	98, C	em 19b, Per F.D. Carroll County, wj ^{1.} Decedent's Nama <i>(First, Middle, Las</i>	1	Certifica	ent of Health and ate of Death		Reg. No.	000	Time of Deeth
Westminster Westminster Vestminster	ician dical	Helene Loui	se Kuhn		4b. City. Town, o	Feb.	08 19	98	9:40 an
Social Security Number Canal Control Can	niner			nvalescer					
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17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Last) 19. Mailing Address (Sireer end Number or Rural Route Number, City or Town, Stele, Ze Code) 19. Informati's Name Relationship (Type, Print) 19. Mailing Address (Sireer end Number or Rural Route Number, City or Town, Stele, Ze Code) 19. Linda Kuhn, niece 2/1/2 Ebbvale Rd., Manchester, MD 2/1/2 Ebbvale Rd., Manchester, M			10c. C	ity, Town or Location					nside City Limits
17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Last) 19. Informatis Name (First, Middle, Last) 19. Informatis Name (First, Middle, Last) 19. Informatis Name (First, Middle, Last) 19. Informatis Name (First, Middle, Last) 19. Informatis Name (First, Middle, Last) 19. Informatis Name (First, Middle, Makken Summen) 19. Informatis Name (First, Middl	ţō	MD Carrol.			L			1	□Yes 2 No
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15. Beacharth's Founction 160. Department's Unaid Couparison 160. Department's	by Fune	1 Never Married 2 Married	Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give			Specify Yes or No- rto Rican, etc.)		k, White, etc.	
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Sequentially list conditions, Sequen	n il	Immediate Ceuse (Finel disease or condition	e chronic	Obst	retire P.				
Cause (Disease or Injury tresulting in death) Last Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Due to (or es e consequence of): Cause (Disease or Injury tresulting in death) Last Cause (Disease or Injury tresulting in the underlying cause given in Pert I. Cause (Disease or Injury tresulting in the underlying cause given in Pert I. Cause (Disease or Injury tresulting in the underlying cause given in Pert I. Cause (Disease or Injury tresulting in the underlying cause given in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresulting in Pert I. Cause (Disease or Injury tresu	ner		Due to (or es a consequence o	f):				
Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cert 1 Yes 2 No 3 Probably		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Undarlying	Due to (or es a consequence o	f):		-		
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24e. Wes en eutopsy performed? 24e. Wes en eutopsy performed? 24f. Wes en eutopsy performed? 24f. Wes en eutopsy performed? 24f. Wes en eutopsy performed? 25f. Was case referred to medical examiner? 26f. Plece of Deeth (Check only one) 27f. Menner of Deeth 27f. Menner of Dee		Pert II. Other algnificant conditions co	ntributing to death but not re	sulting in the underlying	g cause given in Pert I.				-
25. Was case referred to medical examiner? 1						24e. Wes	en eutopsy rmed?	eveilable	e prior to ion of cause
examiner?	S					1 🗆 Y	es 28No	1 ☐ Yes	2 No
27. Menner of Deeth 1 Thetural 2 Envolutement of 2 28c. Injury at 28c. Injury a		examiner?	Hospital:		100				
1 Netural 2 Accident 3 Suicide 4 Homicide 1 Possignation 2 Se. Pleace of Injury - At home, ferm, street, factory, office 2 Se. Pleace of Injury - At home, ferm, street, factory, office 2 Se. Certifier (Check only one) 1 Certifying Physicien: To the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end pleae, end due to the ceuse(s) end menner as steted. 29b. Signature end title of certifier 29b. Signature end title of certifier 29b. Date signated (Month, Day Year) Injury Work? 1 Year 2 No 2 No 2 No 2 No 2 No 2 No 2 No 2 N	F	1 163 2 140	1 Inpatient 2L		DOA 4 Nursing				
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29a. Certifier (Check only one) 29a. Certifier (Check only one) 29a. Certifier (Check only one) 29b. Signature end title of certifier 29b. Signature end title of certifier 29c. Licansa number 29c. Licansa number 29d. Date signed (Month, Dey, Ye.)	Certific	dataminad	286. Piece of Injury - At I	nome, ferm, street, fact ify)	ory, office	28f. Location (S City or Tow	Street and Numbern, Stete)	or Rural Rou	ta Number,
29b. Signature end title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Ye) 7 7 9 9	dicai	(Check only 2 Medical Exam	iner: On the basis of examina	owledge, deeth occurre ation end/or investigation	ed et tha time, date end plec on, in my opinion, deeth occ	e, end due to the curred et the time,	ceuse(s) end med dete end pleca, e	nner es steted. and due to the c	euse(s)
	≥ 2	29b. Signature end title of certifier		0	9c. Licansa number クテマアかえ		29d. Date signed	(Month, Dey,	Year)
30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Robert Mori 1/4 Brings Center Dist Reinfaur, M State 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature	3	30. Name and address of person who co	ompleted cause of deeth (Ite	m 23e) (Type, Print)	Centre	Dis+	Reinfe	four,	Md 31136

FEB 0 9 1998 Juli Dawden Randell



OUDOM

State of Maryland / Depai

Department of Health and Mental	Hygiene	8	0	5	2	2	1
Certificate of Death	Reg. No.	0	U	J	5	Con	6

KEOSOMBA'	ГН
Physician	1. [
/Medical	

Decedent's Neme (First, Middle, Last) OUDOM KEOSOMBATH

3. Time of Deeth 2. Date of Deeth Day FEBRUARY 4,1998 2:25P.M.

Examiner

4a Facility Name (If not institution, give street and number) RT.140 & RT.31

4b. City, Town, or Location of Deeth

4c. County of Deeth

Laos

Funeral Director

Director

MD

11. Meritel Stetus

perma. Pages 1 end 2 should be filed within 72 hours after death with the Manyland Department of Heelth and Mental Hygiene. Innoceant: If fem 27 is marked other than "natural", or items 23a or 23a-f ahow they hygiene man the north and way hiny or other traumatic event, as Medical Exercise man be nothed at

Physician /Medical

Examiner

physician end s the burial-transit

98 attending for use es

signed by the a

peed

certificate hes blirector, pege 2 s The

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After

director,

lew requires that the death certificate be executed

P.O. Box 68760

Division of Vital Records.

Hospital or Attanding Physician:

death.

To the Hospital or Attandit within 24 hours after death.

To the Funeral Director: All completely filled in by the fu

Examiner

Physician/Medical

p

Completed

Be

Certification: To

edical

Baltimore, Maryland 21215-0020

213-94-6944 Usual Residanca of Decedent 10e Stete

5. Social Security Number 7. Age (In yrs. last birthdey) 1**X** M 2□ F 52 Yrs.

Carroll

WESTMINSTER If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Deys Months Hours Min

CARROLL COUNTY Birthplece (State or Foreign Country)

10h County 10c. City, Town or Location

Taneytown 10f. Zip Code 21787 10d. Inside City Limits 1 Yes 2 No

10e. Street end Number 4 Bancroft Lane

Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuben, Mexican, Puerto Rican, etc.)

14. Reca - American Indian. Black, White, etc.

10g. Citizen of Whet Country?

LAOS

Funeral 1 Never Married 2 Married
3 Widowed 4 Divorced p Completed

15. Decedent's Education

1 ☐ Yes 21 No Specify: 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired)

Specify: White 16b. Kind of Business/Industry

(Specify only highest grede completed) Elamantary/Secondary (0-12)

College (1-4or 5+)

Laborer

Paper Products

17. Fether's Name (First, Middle, Last)

Bounnhom Keosombath

18. Mother's Neme (First, Middle, Maiden Surnama) Ma Keosombath

02/08

19e. Informant's Name/Relationship (Type, Print) Nylabonh Keosombath/son

19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 4 Bancroft Lane, Taneytown, MD 21787

20e. Method of Disposition 1 Burlal 2 Cremation 3 Removel from Stete

20b. Placa of Disposition (Name of cametery cremetory or other place) Grace UCC Cemetery

20c. Location - City or Town, Stete Taneytown, MD

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Life

M00534

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

2-4-98

22. Neme end Address of Fecility Skiles Funeral Home 136 E. Baltimore St., Taneytown, MD

21787

Stiles

23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Approximete Intervel Between Onset and Deeth

Immediate Ceuse (Finel disease or condition rasulting in death)

Chest Injuries

Sequentially list conditions, if any, leading to immediate ceusa. Entar Undarlying Cause (Disaasa or Injury thet initieted evants rasulting in death) Last

Due to (or es a consequence of):

Due to (or es e consequence of)

	1 🗆	Ye

26. Place of Death (Check only ona)

23b. Did tobacco uss contribute to the cause of death?

s 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy

24b. Wara eutopsy lindings available prior to completion of cause

1 Yes 2 □ No

18 Yes 2□ No

25. Wes case referred to medicel exeminer? XXYas 2 No

27. Mannar of Death

2 Accident

3 Sulcide

4 Homicida

1 Naturel

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Pending investigetion

6 Could not be determined

28b. Time of Injury 28e. Dete of Injury (Month, Dey Year) 1400

Other: 4 Nursing Home 5 Residence 6 NOther (Specify) SCENE 28c. Injury at Work? 1 Yes 2 No

28d. Describe how Injury occurred

Automobile accident 281. Location (Street and Number or Rural Route Numb City or Town, State) Route 140 and

29a. Certifier

28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) Street

Westminster, Maryland 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated.

29b. Signature end title of certifier

29c. License number

29d. Date signed (Month, Dev. Year)

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

O.C.M.E.

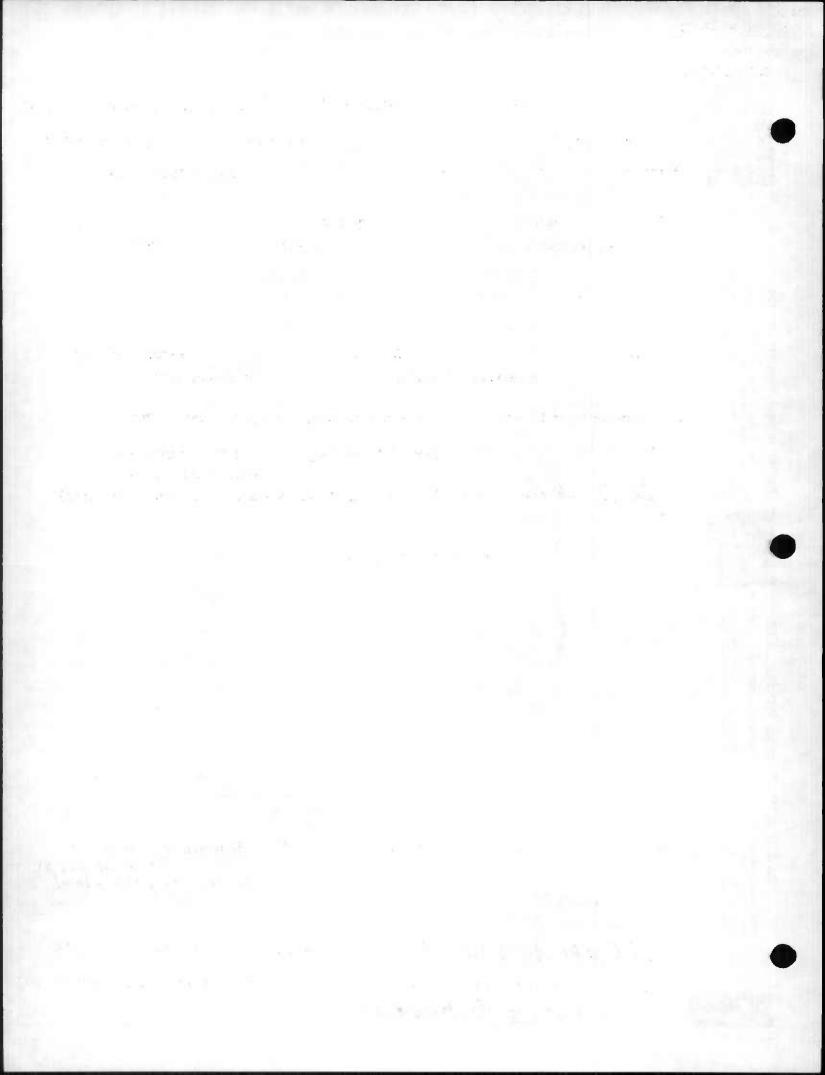
FEBRUARY 5,1998

Radentz, MO Strphrn S.
31. Dete filed (Month, Day, Year) 111 Penn Street, Baltimore, Maryland 21201

State Registrar

FEB 06 1998

32. Registrer's Signeture



		SOMBATH				Ce	rtificate	of	Death		Reg. No.		
Physiciar /Medica	1	1. Decedent's Nar	ne (First, Middl	e, Last) CHAI	NH	KEOS	OMBAT	Н		2. Dete of De Month FEB.	Dey	Year 998	3. Time of Death 2:25 PM
Examine		4a Facility Name	(If not institution	n, give street and n	umber)				4b. City, Town, or L	ocation of Deat	th 4c. Coun	y of Deet	h
		ROUTE	E#140	AND ROU'	rE#31				WESTMINS	STER	CA	RROI	L
Funeral Director		5. Social Security 213-94-		6. Sex 1 ☐ M 2 ☐ F	7. Age (In yrs. 50	Vre	If Under Months	1 Yeer Days		(Month, D	rth ey, Year) 2, 1948	_	hplace (State or Foreign untry) iaOS
D .	- 1-	Usual Residence	1		1								
should be filled within 72 hours after death with the Maryland of Mental Hyglene. marked other than "naturel", or items 23a or 28a-f ahow imetic event, the Modical Evantine must be notified at To Be Completed by European Discourse.		10a. State MD	10b. County	rroll	10c. Cit	ty, Town or Lo	cation Caneyt	OWN	1				10d. inside City Limits 11√2 Yes 2 □ No
or 28	5	10e. Street and No	umber				10f. Zip	Code			10g. Citizen of	Whet Co	untry?
2380	5	4 Ban	croft L	ane					21787		LAC	S	
er, or items 23a or 28a-f sho Examiner must be notified at	Laure	11. Marital Status 1 □ Never Mar	ried 2 XM arr	Armed F	cedent Ever in U forces? 2 No live X				Hispanic Origin? (Span, Mexican, Puerto	pecify Yes or No D Rican, etc.)		eck, White	rican Indian, e, etc.
of.		3 🗆 Widowed	4 Divorced	Yeer or	Dates:		1□ Yes 2	X NO	Specify:		Spec	ity:	White
"naturel", or	Completed	(Spe	15. Decaden	t's Education st grade completed)	(Give	dent's Usua kind of wor DO NOT us	k done	during most of wor	king	16b. Kind of	Business/	Industry
than .	2	Elementary/Sec	-	College	(1-4or 5+)				50)				
Hygin H	3	17. Fether's Name	(First Middle	(ast)		Lā	borer		18. Mother's Nan	ne (First, Middle			ducts
Mental H arked oth atic even	Ď	Tr. Carlot S Training	(Tirot, Imoure,	Unknow	wn				To. Modifier 5 74si		nown		
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y or I			•	3 □Removal from	State	Place of Disponentery, cre Grace	matory or or	her pl		Dete 02/08	20c. Location		
Departme Importan any injur		21. Signatus pt F	uneral Service	Licensee feld	2s				ress of Facility Sk altimore S		neral H		21787
Physician		23a. Part1. Enter shock, or he	the disease, or ert feilure. List	complications that only one cause on	caused the deat	th. Do not en	ter the mod	of dy	ring, such as cardiac	or respiratory	errest,		Approximate Interval Between Onset and Death
/Medical Examiner	. 1	Immediate Cause disease or conditi resulting in death)	ion	a	Due to (c	heis or as a conse	quence of):	-1	jurie	-1			
D .E	0												
ficate be executed physicien and its the bunal-transit	LYGIL	Sequentially list c if any, leading to i cause. Enter Und Cause (Disease o	onditions, immediate lerlying	5 b.	Due to (c	or as a conse	quenca of):						
physicients the burn	2	that initiated even resulting in death)	IS	C	Due to (o	or as a consec	quence of):						

been signed by the attending should be datached for use Physician/M Completed by To the Hospital or Attending Physician: The law within 24 hours after death.

To the Funeral Director: After this certificate has i complately filled in by the funeral director, page 2: Be Medical Certification: To

The law requires that the death cert

Division of Vital Records, P.O. Box

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert 1.

23b. Did tobacco use contributs to the cause of death? 1 ☐ Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy parformed?

24b. Were eutopsy findings available prior to completion of cause of deeth? 1 ☐ Yes 2 ☐ No

1 Yes 26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence & Hother (Specify) AT SCENE

25. Was case referred to medical examiner?

XXYes 2□ No 27. Menner of Death

1 Naturel

2 Accident

3 Suicide

4 Homicide

28a. Date of Injury (Month, Dey Year) Z-Y-98 5 Pending investigation

28b. Time of Injury 1400 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify)

1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28c. Injury at Work? 1 Tes

Repise dus 28f. Location (Street end Number or Rural Route Number City or Town, Stete) oti

29a. Certifier

1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

X Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated.

29b. Sig and title of cartifier 29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) FEB. 5, 1998

end address of parson who completed cause of on the (Item 23e) (Type, Print)

Laron Locke M.D.

111 Penn Street, Baltimore, Maryland 21201

State Registrar

31. Dale filed (Month, Day, Year) FEB 06 1998

6 Could not be determined



		1. Decedant's Nam	na (First, Mic	ddla, Last))		Ce	rtificate of	Death	2. Data of Da			3. Tima of Death
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niner	ľ	a. Facility Nama (i				u <i>mber)</i>			4b. City, Town, or BETHESDA			unty of Death	
al	1	5. Sociel Sacurity N		6. Sex		7. Aga (In y	rs. last birthday	If Under 1 Year	r If Under 24 Hrs	8. Dete of Bi			nplace (State or Foreig intry)
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rec	1	10e. Street and Nu	<i>m</i> ber					10f. Zip Coda			10g. Citizen	of What Cou	untry?
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þ		1 XNavar Marr 3 ☐ Widowed			1 ☐ Yes If Yas, G Yaar or I	2 No liva Datas:		1□ Yas 2□ No					LACK
Completed		(Spec	15. Decede	lant's Educ	cation a complated,	")	16a. Dece	dant's Usual Occu	pation	rkina	16b. Kind	of Businass/I	ndustry
mple	-	Elamantary/Seco				(1-4or 5+)			a during most of wo ed)	9			
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To Be		JAMES H							MAGGIE		i, Maroari Coi	mamay	
-		19a. Informant's Na			pe, Print)		19b. Maili	ing Addrass (Stree	at and Number or F		per, City or To	own, Stata, Zi	ip Coda)
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		4 Donation	5 Othar	(Specify)			ORTHERN	VA. CRE	M. JAN	31 98	ARLING	GTON, V	/A.
once.	1	21. Signatura of Fu	inaral Sarvic	ge Lidense	/7		T.I	2. Nama and Addr	ass of Fecility N FUNERA	HOME I	NC.		
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Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene (Certificate of Death Reg. No. 2. Data of Death 3. Tima of Death 1. Decedant's Nama (First, Middla, Last) Month **Physician** February 1, 1998 1:05 AM Alice A. Keenv /Medical 4a Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Mary's Nursing Center Leonardtown St. Mary's If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** 1□ M 2 F Months Min. Days Hours 577-09-9119 Director 100 MAR. 9, 1897 PENNSYLVANIA Usual Rasidanca of Dacedant the Marylend 10c. City, Town or Location 10a. Stata 10b. County 10d. Inside City Limits r than "natural", or itame 23a or 28a-f ahow the Mexical Examiner must be notified at 1 Yas 2X No Director MARYLAND ST. MARY'S HOLLYWOOD 10e Street and Number 10f, Zip Coda 10g. Citizen of What Country? death with ROUTE 3, BOX 770, 3 COVES ROAD 20636 UNITED STATES Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, atc. 72 hours after 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2X No Specify: Specify: WHITE p 3 X Widowed 4 ☐ Divorced Yaar or Datas: Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Pages 1 and 2 should be filed within nant of Health end Mentel Hygiene. nt: If Item 27 Is marked other than Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12+ HOMEMAKER OWNED HOME 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surname) Be LOUIS PEPPLER LOVELLA HAUF 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 24900 IVY LANE, HOLLYWOOD, MARYLAND 20636 ALAN P. KEENY, JR., SON 20b. Placa of Disposition (Name of cematery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from State 0 2/5/98 BRENTWOOD, MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) FORT LINCOLN CEMETERY 21. Signature of Funeral Sarvice Licensee 22. Nama and Addrass of Facility FORT LINCOLN FUNERAL HOME ules 3401 BLADENSBURG RD., BRENTWOOD, MARYLAND 20722 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata tntarval Batween Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in death) **Examiner** Examiner certificata be axecuted physicien and s the buriel-tran Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Diseasa or Injury that initiated avants resulting In death) Last Dua to (or as a consequence of): P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) 80 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Donknown by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy Completed peen page 2 1 Yas 2 No 1 Yas 20 No certificate Division of Vital director, 25. Was casa rafarred to medical Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 2 this funeral 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Beath 28b. Tima of 28d. Dascribe how injury occurred Certification: After Me Hospital or Attentage 24 hours after death. 5 Panding invastigation Natural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be datarmined 28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida Striftying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifian Medical (Check only To the Wilhin 2 To the

State Registrar James Boyd 31. Date filed (Month, Day, Year)

Boyd,

29b. Signature and title of cegulier

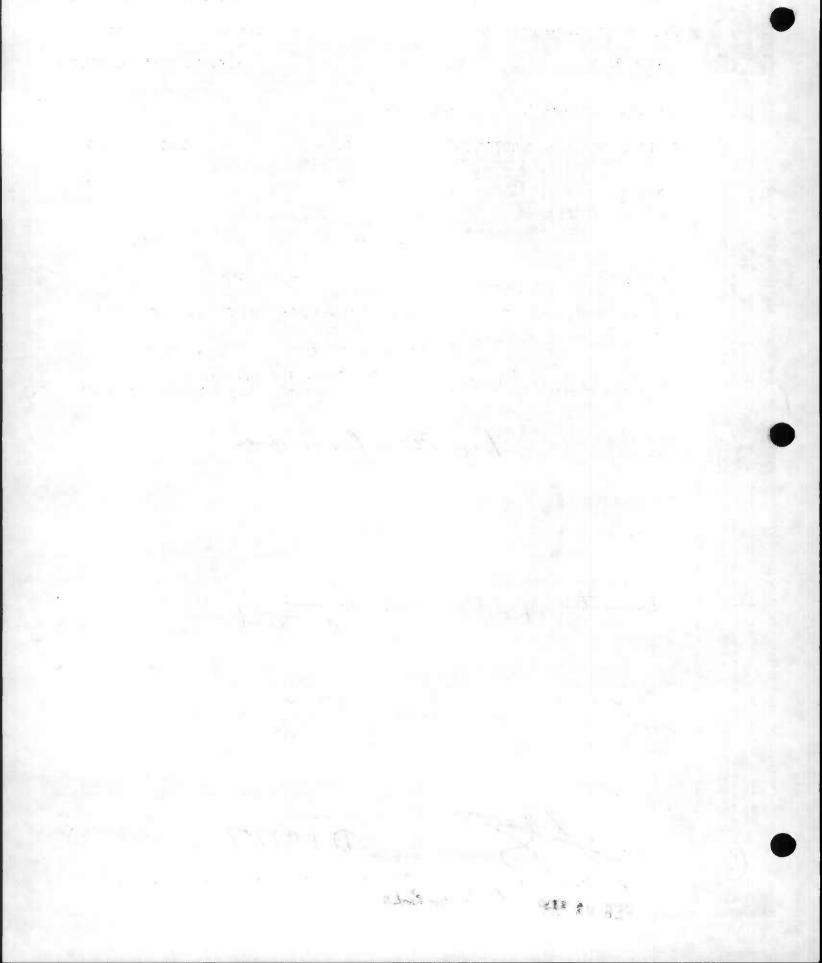
2050 Wildewood Court, California, MD 20619 32 Registrar's Signatura

29c. Licansa number

29d. Data signad (Month, Day, Year)

2/2/98

30. Name and address of derson who completed clause of death (Itam 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 2/11/98 ELM PGCE Certificate of Death 0/3 AMENDED #17&18 1. Decadant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Yaar KELLY 5,1998 DARNELL FEBRUARY 2:55 am /Medical 4a. Facility Nama (If not institution, giva street and number) **Examiner** 4b. City, Town, or Location of Daath 4c. County of Deeth FORESTVILLE PRINCE GEORGES REGENCY NURSING HOME If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Security Number 9. Birthpleca (Stata or Foreign Country) South Carolina 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, **Funeral** Days 1 ☐ M 2 🛛 F Director Yrs. 8, 86 577-28-0900 Usuel Rasidance of Decedant 10a. Stata 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23e or 28a-f show traumatic event, the Madical Examinar mant be notified at 10d. Insida City Limits 1X Yas 2 □ No Maryland Prince Georges Camp Springs Directo 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 20748 6910 Berkshire Drive United States permit. Pages 1 end 2 should be filed within 72 hours efter death 1 Depertment of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23s any injury or other traumatic event, the Medical Examiner Insul. ODGS. Funerai 12. Was Decedant Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Datas: Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarlcan Indian, Black, White, etc. 1 Nevar Marriad 2 Married 1 ☐ Yas 2 No by Specify: Black 3 Widowed 4 □ Divorced Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elemantary/Secondary (0-12) College (1-4or 5+) House wife Private Home 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Sumeme) Be VIOLA DONNIE Walter Smith Mack 2 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) 19a. Informent's Neme/Ralationship (Type, Print) Alfreda Kelly - Daughter 6910 Berkshire Drive, Camp Springs, Md. 20748 20b. Place of Disposition (Nama of cemetary, cramatory or other pleca) 20a. Mathod of Disposition 20c. Location - City or Town, Stete Date 1 XBuriel 2 ☐ Cramation 3 ☐ Removal from State 2/9/98 4 ☐ Donation 5 ☐ Othar (Spacify) Harmony Memorial Park Landover, Maryland 22. Nama end Addrass of Facility ALEXANDER S. POPE FUNERAL HOMES M859 5538 Marlboro PIke, Forestville, Md. 23a. Part1. Entar the disaasa, or computations that causad tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. 20747 **Physician** /Medical Immediate Ceusa (Final disease or condition rasulting in daath) Examiner Dua to (or es e consequenca of) Examiner Saquentially list conditions, if any, laading to immadiata cause. Entar Underlying Causa (Disaasa or injury Dua to (or as a consequence of): Physician/Medical Due to (or as a consequence of) rasulting in daath) Last Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 (No 3 Probably 4 Unknown ģ 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy parformad? Completed 22 No 1 ☐ Yas 1 □ Yas 25 No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only one) 1 Yes Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Sursing Homa 5 Rasidanca 6 Other (Specify) P 27. Mennar of Daath 28c. Injury at Work? 28d. Describa how Injury occurred Natural 2 Accident 5 Panding invastigation

The law requires that the death certificete be executed use es the buriel-transit and Box 68760. signed by the ettending physiclan P.O. of Vital Records, After this certificate has spital or Attending Physician: Theoris efter death.
Ineral Director: After this certificative filled in by the funeral director, pr

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21215-0020

Baltimore, Maryland

Certification:

Hospital of 24 hours e To the Hospital
within 24 hours e
to the Funeral Completely filled

Division

State Registrar

Medical

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29b. Signatura and titla 29c. Licansa number

28a. Placa of Injury - At home, ferm, streat, factory, offica building, atc. (Spacify)

1 Tes

2 No

29d. Data signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

and addre mon who completed cause of deeth (Itam 23a) (Type, Print)

6 Could not be determined

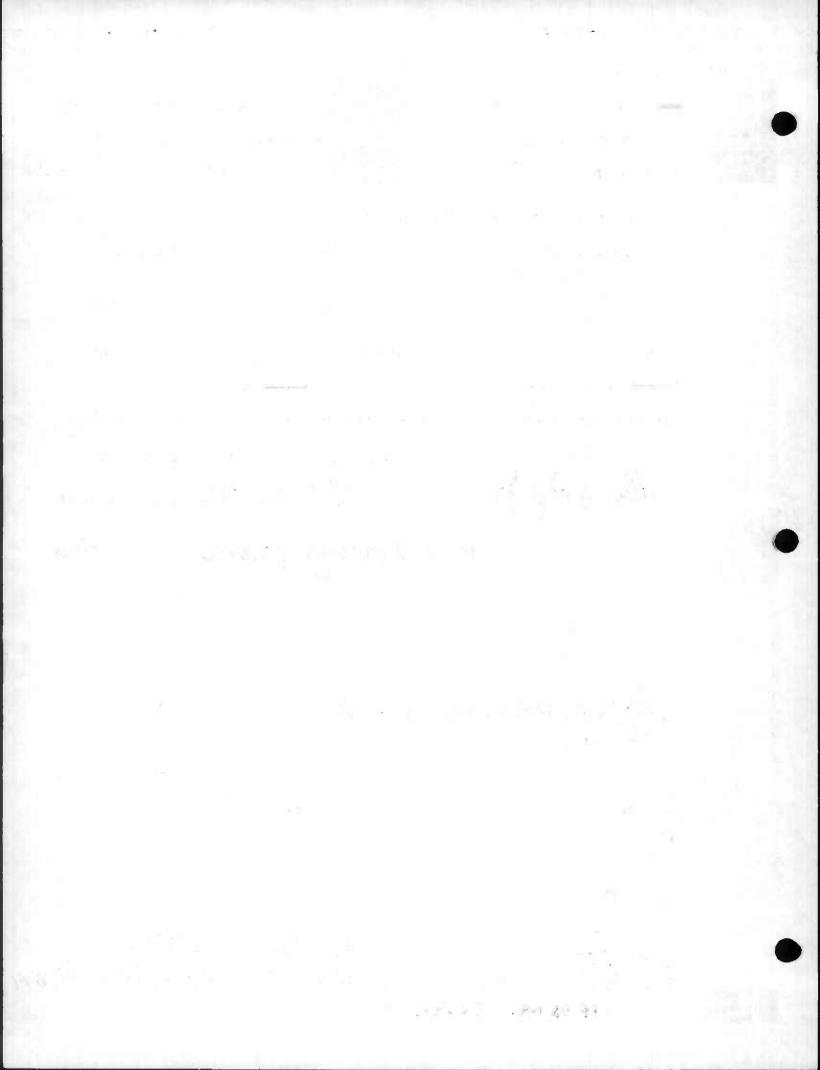
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31. Dete filed (Month, Day, Yaar) 32. Registrer's Signatura

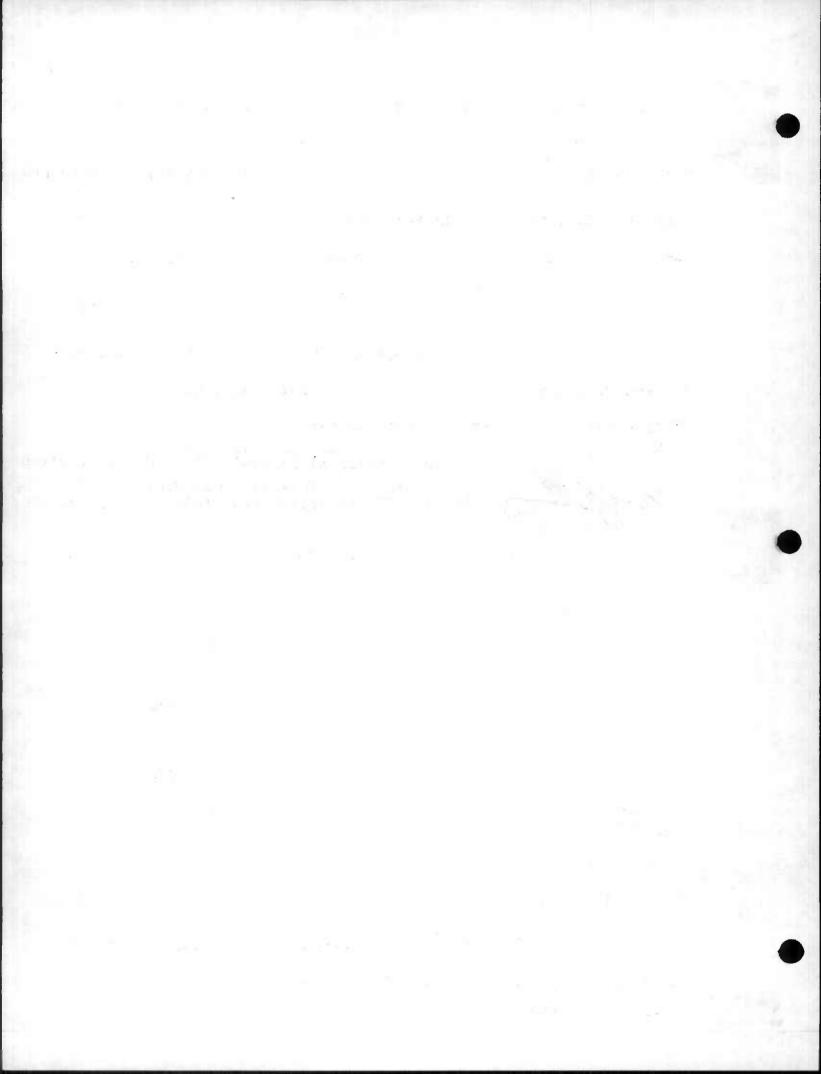


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death FEBRUARY 7,1998 **Physician** 12:05p.m JOSEPH LUCAS Warren , Sr. /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 6 POPLAR LANE INDIAN HEAD CHARLES If Under 24 Hrs. Hours Min. 6. Sex 1 M 2 □ F If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Deys Yrs Director 88 January 16,1910 Maryland 216-44-3608 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 28a-f shot traumatic event, the Medical Examiner must be notified at 1 X Yes 2 No Directo Maryland Charles Indian Head 10e. Street and Number 10f. Zip Code 10g. Citizen of Whef Country? permit. Pages 1 and 2 should be filed within 72 hours effer death with Depertment of Health and Mentel Hygiene. Important: if tem 27 is marked other than any highly or other traument. with Funeral #6 Poplar Lane 20640 U.S.A. 12. Wes Decedenf Ever In U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Black, White, etc. 11. Marital Status 1 ☐ Yes 2 ☐ No If Yes, Give 1 ☐ Never Married 2 Married 1 Yes 2 No þ 3 ☐ Widowed 4 ☐ Divorced Specify: Year or Dates: White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Propellant Operator U.S. Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Stanton F. Lucas Lula Marie Quade 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Mary Lucas Wife Same as #10

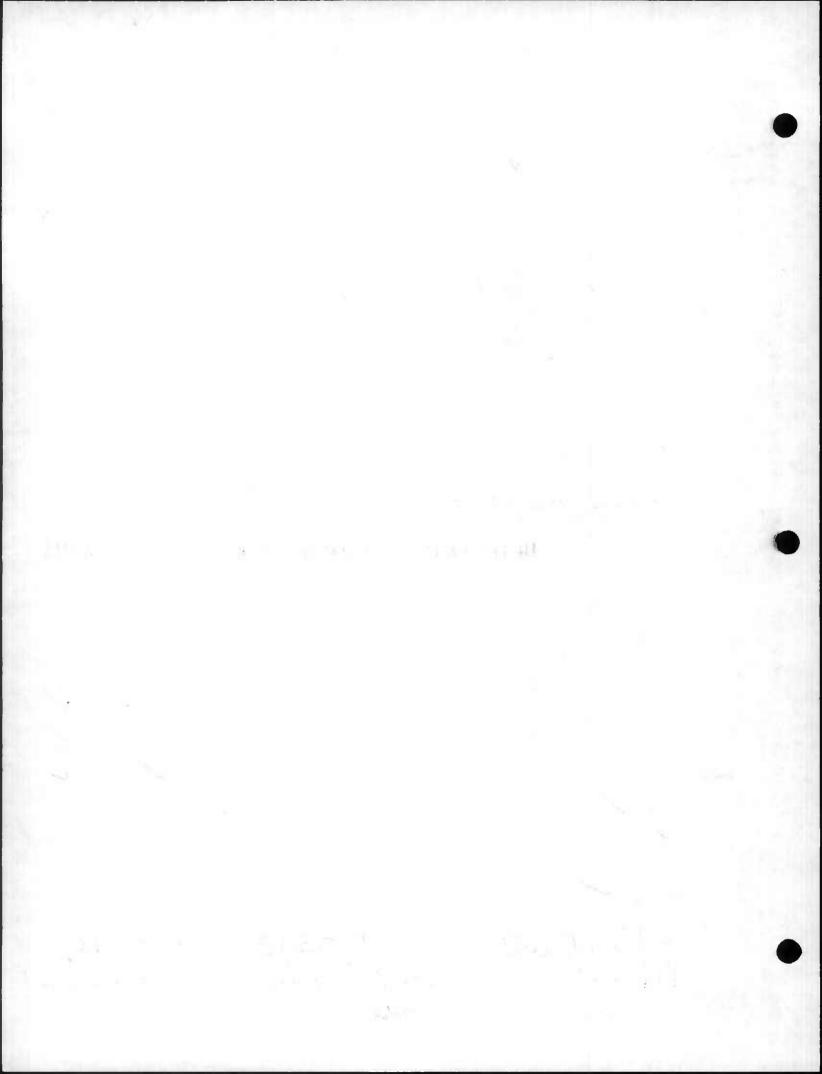
20b. Place of Disposition (Name of cometery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Date 1 Deurial 2 Cremation 3 Removal from State 10,1998 Waldorf, Maryland February 10
Trinity Memorial Gardens

22. Name and Address of Facility 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licent Williams Funeral Home, P.A. M00668 4270 Hawthorne Rd., Indian Head, Md. 20640 23a. Pert 1. Enter the dramm, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or he in the une. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) CONGESTIVE HEART FAILURE Examiner Due to (or as a consequence of) Examiner The law requires that the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Last pue Due to (or as a consequence of): Box 68760. physician Physician/Medical the Due to (or es a consequence of) Part II. Other significant conditions contributing to death buf nof resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributa to the cause of death? Division of Vital Records, P.O. signed by t 1 Yas WNo 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed' certificate hes No 1 Yes 1 ☐ Yes 2 ☐ No or Attanding Physician: effer death. Director: After this certific funeral director, 25. Was cese referred to medice examiner? Be 26. Place of Deeth (Check only one) 1 Yes 20 No Hospital: Other: 4 Nursing Home Amesidence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28d. Describe how injury occurred 28e. Date of Injury (Month, Dev Year) 28b. Time of 28c. Injury at Work? 5 Pending investigation 1 DiNatural 2 Accident 1 TYes 2 No filled in by the 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homlcide To the Hospital of within 24 hours e To the Funeral D 10 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. edicai 29a. Certifier 29d. Date signed (Month, Day, Year) 29b. Signeture end fitle of certifier 29c. License number D28352 FEBRUARY 9, 1998 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) KRISHAN MATHUR, M.D. P.O. BOX 2729, LA PLATA, MD 20646 31. Date filed (Month, Day, Year) 32. Registrar's Signature State 1998 FEB11 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene Q. 2

_			Decedent's Name (First, Middle, Le.			Certificate o		F	Reg. No.	U .	0228
	Physici	an						2. Date of Dea Month	Day Y	ear	3. Time of Death
	/Medi		Deborah Lee Law 4e. Facility Neme (If not institution, give				4h City Tourn or		ary 4, 19		0730 Am
	Examir	ner		e street end number)			4b. City, Town, or		4c. County of		
			3321 Niner Road 5. Social Security Number 6. S	av . 7 Aar	e (In yrs. last birtl	If Under 1 Yes	Finksbu If Under 24 Hrs	-	Carro		
D	Funeral Director			□M 210 F		rs. Months Day		(Month, De)	Year) 2, 1952	Countr	ce (Stete or Foreign y) Maryland
/land	M M		10a. State 10b. County		10c. City, Town	or Location				100	d. fnside City Limits
Man	1	ţo	MD Carroll		Finksb	urg					1 ☐ Yes 2 M No
th with the	23a or 28i	al Director	10e. Street and Number 3321 Niner Road			10f. Zip Code	21048		10g. Citizen of Who		
21215-0020 d within 72 hours effer death with the Maryland	"naturel", or frems 23a or 28a-f show adical Examiner must be notified at	by Funeral	11. Meritel Status 1 □ Never Merried 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cu		Specify Yes or No- to Rican, etc.)	14. Race - Black, Specify:	Americar White, et	c.
2 P	or Maria	be	15. Decedent's Ed	ucation	16a. l	Decedent's Usual Occ	upation		16b. Kind of Busin	ess/Indu	White
		Completed	(Specify only highest gre Elementary/Secondary (0-12)	de completed) College (1-4or 5-		(Give kind of work don life. DO NOT use reti	e duning most of wo	rking	100.1111001001	ioosi maa	011)
d 2121	5 4	E O	Elementary/Secondary (0-12)	College (1-40) 5		radiology	technicia	n	I	losp	ital
be file	= 0 S	Be C	17. Father's Name (First, Middle, Last)				18. Mother's Na	me (First, Middle,			
Maryland d2 should be file		ToE	Anthony Monti				Del	ores Har	tlove		
2 sho	7 is market		19a. Informant's Name/Relationship (7	ype, Print)	19b.	Mailing Address (Stre				ete, Zip C	Code)
	- 17		Kenneth J. Laws	on, husban	d		3321 Ni	ner Road,	Finksbu	rg, l	MD 21048
-	= 0		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	cametery	Disposition (Neme of r, cremetory or other p er Park Cer	02/0	7/98	20c. Location - Cit		
Baltimo permit. Pages	Important any injury		21. Signeture of Funeral Service Licen	S88		22. Name and Add	ress of Facility Funeral shington	Home & C	hapel		
			23a Pert 1 Enter the disease or come	itto - Sur	the death Do no						
Dh	.ololon	П	23a. Pert1. Enter the disease, or comp shock, or heart failure. List only	one cause on each lin	e. Goatti. Do ik	or enter the mode of d	ying, such as cardia	c or respiratory arr	esi,	. 10	Approximate nterval Between pset and Death
	ysician Iedical		Immediate Cause (Final	Morac.	TITI		16	\cap \wedge		. (2411
Exa	aminer		disease or condition resulting in deeth)	a. METAS	IAIIC	- WI	001	A 4		0	2912
_		je l			Due to (or as a co	onsequence of):				N	
petn	g physician and es the bunal-transit	edical Examiner	Sequentially list conditions	b. —	Due to (or as a co	onceguance of:				-	
68 / 60, ifficate be executed	an an rial-tr	Exe	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying		o to to to as a ot	macquerice or).					
58750,	ysicii ne bu	ical	that initiated events	c	Due to (or as a co	onsequence of):				1	
			resulting In death) Lest								
death cer	ettendin for use	an		d							
. 0	the ett	sici	Part If. Other algnificant conditions co	ntributing to death bu	t not resulting In	the underlying cause of	jiven in Part I.	23b. Did to	obacco use contri	bute to t	he cause of geath?
the the	2 8	Physician/N						1 🗆 Y	es 2 No 3	Proba	bly 4 Unknow
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Kecords	hes been si ge 2 should	Completed						24e. Was a perfor		aveil	autopsy findings able prior to pletion of cause eth?
	page	E O						1 🗆 Y	es 2 100	10	Yes 20 No
	certificate rector, pag	Bec	25. Was case referred to medical				26. Place of Dea	ath (Check only or			
Of VITA	this certific al director,	70	examiner? 1 Yes 2 No	Hospital: 1 ☐ Inpatier	nt 2 ER/Outp	petient 3 DOA	ther: 4 Nursing H	lome 5 M Reside	enca 6 Other	Specify)	
n Of	ter th		27. Manne of Death 1 Naturel 5 ☐ Pending	28a. Date of Injun		me of 28c. Inj			ow injury occurred	, , , ,	
VISION Attending	r: Af	atic	2 ☐ Accident Investigation				Yes 2 □ No				
DIVISION ai or Attending s after death.	I Directo	Certification:	3 Suicide 6 Could not be determined	28e. Placa of Inju bullding, etc.	ry - At home, fam (Specify)	m, street, factory, office	a .	28f. Location (Si City or Town	treet end Number (n, Stete)	or Rural F	Route Number,
To the Hospital	To the Funeral Director: After completely filled in by the funer	edical (29a. Certifier 1 Certifying Phy 2 Medicat Exem	raicfen: To the best of iner: On the basis of and manner stat	exemination and/	death occurred et the for investigetion, in my	time, date and plece opinion, death occu	, end due to the c irred at the time, d	ause(s) end manne lete and pleca, and	er as stet due to th	ed. ne cause(s)
To th	Toth	Me	29b. Signature and title of certifier	1161			158 number 5398	2	9d. Date signed (A	Month, De	ay, Year)
,		-	30. Name and address of person who c	omoleted cause of de	ath (Item 23a) /T	vne Print)	1 10				3
	Sta	to	Flaulo Krus 31. Dete filed (Month, Day, Year)	ter M 32. Registra) - 68		5398 slerd.	West	ninster	M	21157
	Registra		FEB 06	11.	Devolute	Randall					
			0.031	ושטס סכנו							



State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Day February 2, **Physician** Reba Louise Little 3:20AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Collingswood Nursing Center Rockville Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) MARYLAND Funeral 10 M 20 F Months Deys 79 Yrs. 213-01-9209 Director 4/22/1918 Usuei Residence of Decedent Pages 1 end 2 should be filed within 72 hours efter deeth with the Meryland nent of Health end Mental Hygiene. Interest of Health end Mental Hygiene natural, or frems 23s or 28s-f show 10a State 10b. County 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examinar must be notified at 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Director MD. MONTGOMERY BOYDS 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21917 RUBY DR. 20841 USA. Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 22 No if Yes, Give Year or Dates: Was Decedent of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Baca - American Indien Bleck, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 🏖 No Specify: p Specify: WHITE 3X Widowed 4 □ Divorced Completed Decedent's Usuel Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 6 HOUSEWIFE HOME MAKING 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumame) Be ROY CLAYTON TAYLOR LOIS EMMA EVANS 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BARBARA J. FISHER -DAUGHTER 21917 RUBY DR., BOYDS, MD. 20841 20a. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, Stete 1X Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Depertment of Important: If any injury or 5 ☐ Other (Specify) 2/5/98 4 Donetion MEADOW BRANCH CEM. WESTMINSTER, MD. 22. Name and Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Finel 2 weeks disease or condition resulting in death) ONeumonia **Examiner** Due to (or es e consequença of): Examiner The law requires that the death certificete be executed the burief-transit Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Records, P.O. Box 68760. ettending physician Physician/Medicai Due to (or es e consequença of): 80 Pert II. Other significant conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown diabeter signed I þ Normal pressure hydrocoghalus 24b. Were eutopsy findings available prior to page 2 should 24a. Wes en eutopsy performed? Completed completion of cause of deeth? certificate hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28c. Injury et Work? To the Hospital or Attanding Pi within 24 hours efter death. To the Funeral Diractor: After th completely filled in by the funera Medical Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rurei Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide TS Certifying Physicien: To the best of my knowledge, death occurred et the time, dete end placa, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the cause(s) end menner stated. 29a. Certifier 29b. Signature and tele of cartifier 29c. License number 29d. Dete signed (Month, Dey, Year) February 2, 1998 30. Name and eddress of person who completed cause of death (Item 23e) (Type, Print) John R. Melnick, M.D. 911 Russell Avenue, Gaithersburg, Maryland 20879

State Registrar

FEB 05 1998

31. Date filed (Month, Day, Year)

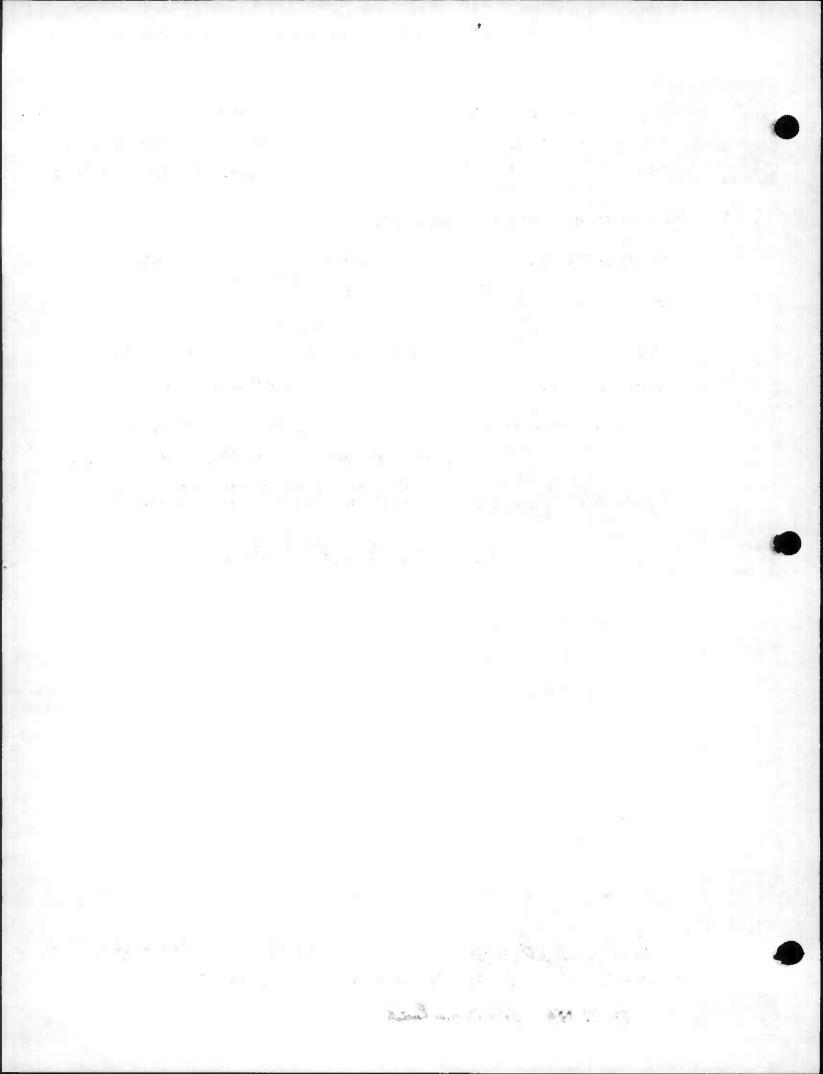




Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 1523 1

Physician
Agnes Jane Lewis January 28, 1998 11:39 A.
Examiner Size Temple Hill Rd. Temple Hills Rd. Second Security Number Second Second Second Security Number Second Se
Social Security Number 28—60—1921 10 Mary 20 Mar
238-60-1921 1
10e. State 10e. County 10e. City, Town or Location 10d. Inside City Limit 10g. City Town or Location 10d. Inside City Limit 10g. City Town or Location 10d. Inside City Limit 10g. City Town or Location 10d. Zp Code 10g. Citizen of What Country? 10e. Street and Number 10e.
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Physician /Medical Examiner Immediate Cause (Finel disease or condition resulting in death) a. Cause the Heart Torlure Due to or es a consequence of):
Immediate Cause (Finel disease or condition resulting in death) Immediate Cause (Finel disease or condition resulting in death) Due to (or es a consequence of):
Due to (or es a consequence of):
Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initialed events resulting in death) Last Due to (or as a consequence of):
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Couse (cliseese of injury that initiated events resulting in deeth) Last Due to (or as a consequence of):
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Box 68 To research for the sast of claim as the sa
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24e. Wes an autopsy finding available prior to completion of causa of death? 24e. Wes an autopsy performed? 24e. Wes an autopsy performed? 24b. Wera autopsy finding available prior to completion of causa of death? 1
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24e. Wer an autopsy performed? 24f. Wer a autopsy finding available prior to completion of causa of death? 1 Yes 2 No 1 Yas 2 No
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O E C C D D D D D D D D D D D D D D D D D
27. Manner of Death 1 M Natural 2 Accident 3 Solucida 4 Homicide 28e. Dete of Injury 4 Work? 1 Yes 2 No 28e. Dete of Injury 4 Work? 1 Yes 2 No 28e. Dete of Injury 4 North, Dey Year) 28e. Dete of Injury 4 North, Dey Year) 28e. Dete of Injury 4 North, Dey Year) 28e. Dete of Injury 4 North, Dey Year) 28e. Dete of Injury 4 North, Dey Year) 28e. Plece of Injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)
2 Accident 3 Suicida 4 Homicide See. Plece of Injury - At home, farm, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 29a. Certifier (Check only one) Check only
29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year)
D-16/29 Jamen 29, 1998
30. Name and address of person who completed a use of deeth (Item 23a) (Type, Print) William J. Oetgen, M.D. 9131 Piscataway Rd. Clinton, Md. 20735
State Registrar FEB 02 1998 32 Registrar's Signature

DHMH 16 Rev 6/95



	3 0/0		Certificate of Death Reg. No.										. 31	
	Dhysisi	22	1. Decedent's Nem				4 4			2. Dete of Deeth Month Dey Yeer 3. Time if the				
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	Examir		4e. Fecility Neme (If not institution, give street end number)						4b. City, Town, or Location of De			-	1-	
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	s 1 end 2 should be filed within 72 hours efter deeth with the Maryland of Heelth and Mentel Hygiena. If Heelth and Mentel Hygiena. Item 27 is marked other than "natural", or items 23a or 28e-f show other traumstic event, fra Medical Examiner must be notified at other traumstic event, fra Medical Examiner must be notified at other traumstic event, fra Medical Examiner must be notified at other traumstic event, fra Medical Examiner must be notified at other traumstic event, fra Medical Examiner must be notified at other must be not oth	Funeral Director	5. Social Security N 578-34-4		Sex 7 1□ M 2 F	Age (In yrs. le 83	st birthday) _ Yrs.	Months Deys		. (Month, I	Birth De <i>y, Yeer)</i> 1. 12.1914	9. Birthpiece Country) AULAND	(State or Foreign	
-			Usual Residence o			0,5	05				14,1717	TIODITITE	LIC NO	
			10e. Stete	10b. County		10c. City,	10c. City, Town or Location						nside City Limits	
						WASHINGTON DC					1 No Yes 2 No			
			10e. Street end Nu					10f. Zip Code			10g. Citizen of 1	What Country?		
Baltimore, Maryland 21215-0020			517 COLU	MBIA RD 1	T	s Decedent Ever in U.S. 13. Wes Decedent of I					USA			
		L.	11. Maritel Status	ried 2 Married	Armed Force	67	i. 13. W	Yes, specify Cu	Hispenic Origin? (5 ban, Mexican, Puer	to Rican, etc.)	No- 14. Had Bie	ack, White, etc.		
		by F	3 Widowed		If Yes, Give	s:	1	□Yes 2🗓 No	Specify:		Specif	BLACK		
			/000	15. Decedent's E			16e. Decede	ent's Usuel Occu	upation	and a fine and	16b. Kind of B	usiness/Industr	у	
		To Be Completed	Elementery/Seco	ondery (0-12)	College (1-4c	or 5+)	16e. Decedent's Usuel Occupation (Give kind of work done durin life. DO NOT use retired)		e duning most or wo	I working				
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			17. Fether's Neme (First, Middle, Last)								ne (First, Middle, Maiden Sumeme)			
			HENRY LEE 19e. Informent's Name/Reletionship (Type, Print)				MAE BELLE RU 19b. Meiling Address (Street end Number or Rural Route N							
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	s 1 end of Heeith Item 27 other tr		20a. Method of Dis		TOGITER	20b. Ple	aca of Dispos	ition (Neme of	T	Dete	20c. Location		Stete	
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	permit. Pege Department of Important: If any injury or once.		4 Donetion 5 Other (Specify) HARMONY MEMORIAL PARK 2-6-98 LANDOVER MD 21. Signature of Funeral Service London											
	Depa impo any i		21. Signature of Funeral Service Librases 22. Name and Address of Fecility ALEXANDER S. POPE FUNERAL HOME 5538 MARLBORO PIKE FORESTVILLE MD 20747											
D. Box 68760,	Physician	Examiner	23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximate Intervel Between											
			Immediate Ceuse (Finel disease or condition Subs En do Cardial Myoundial Enfants											
	/Medical Examiner													
	Attanding Physician: The law requires that the death certificate be executed or death. ector: After this certificate has been signed by the ettanding physician end by the funeral director, page 2 should be detached for use as the bunlet-transit.		resulting in deeth) Due to (or as a consequence of)											
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		Completed by Physician/			contributing to death		_			23b. DI	d tobacco use co	ntribute to the	cause of death?	
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Ö		ete	B) ALZHIEMERS D							pe	performed? eveilable pi completion of deeth?		24b. Were eutopsy findings eveilable prior to completion of cause	
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			27. Menner of Death 28e. Dete of Injury 28b. Time of 28c. Injury et 28d. Describe how Injury occurred											
			1 De Naturei 2 Accident	5 Pending Investigation		Dey rear)	y Year) Injury Work? 1 □ Yes 2 □ No							
			3 ☐ Suicide 4 ☐ Homicide	6 Could not to determined	289. Piece of	Injury - At home, ferm, street, factory, office 28f. Location etc. (Specify) 28f. City or To					(Street and Number or Rural Route Number, own, State)			
	ital or ral Dir ited in		Supering, etc. (opening)											
	To the Hospital within 24 hours To the Funeral completely filled	edical	29a. Certifier (Check only 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end menner as stated. 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s)											
		Med									Year)			
			15/	en	clas	o M					01-02-1998			
			30. Name and address of person who completed cause of death (Item 23e) (Type, Print) SHRINCVAK R-UDAPI 7245. BHANOVERPKWY. GREENBELT, MD 2077E											
	2/		SHRING	VAC R.	UDAPI	724	5.B+	ANOUS	RPKNY.	GREE	NBELT	MDZ	20770	
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month **Physician** 1:43a.m. BRUCE D. 31 98 /Medical 4e. Fecility Nema (If not institution, give street and numbar) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** PRINCE GEORGES HOSPITAL CHEVERLY .G. GENERAL If Under 1 Year If Undar 24 Hrs. 5. Sociel Security Number 6. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1 ☐ M 2 ☐ F Months Deys Hours Director Wash.D.C. 577-96-9161 9/26/62 Usual Rasidance of Dacadani deeth with the Marylend 10a Stata 10b. County 10c. City. Town or Location Show 10d. Insida City Limits r than "naturel", or items 23a or 28a-f show the Medical Examiner must be notified at Director 1 □Wes 2 □ No Washington D.C. 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? U.S.A. 1532 A St. 20002 N.E. Funeral 12. Was Dacedant Evar in U,S. Armad Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 11. Marital Status 14 Race - American Indian Black, Whita, atc. filed within 72 hours efter thygiene. 1 ☐ Yas 2 ☐No 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify. Black þ 3 Widowad 4 Divorced Yeer or Datas 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highest grade completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) permit. Pages 1 end 2 should be filed v Department of Health and Mentel Hygiel Important: If Item 27 is merked other th any injury or other traumatic event, that once. 12 Customer Ser. Rep./Admin. Private 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Arthur Latta Esther Downey 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Coda) 1532 A St. N.E. Wash.D.C.

20b. Placa of Disposition (Nama of camatary, cramatory or other place)

Data 20002 Esther Latta Mother 20a. Mathod of Disposition 20c. Location - City or Town, State 1 DBurial 2 □ Cramation 3 □ Ramoval from Stata 4 Donation 5 ☐Othar (Specify) 2/7/98 Brentwood, MD. Lincoln Cem. 21. Signature of F unaral Service Licensee 22. Name end Address of Facility Hodges and Edwards 3910 Silver Hill Rd. Suitland. MD. enter tha disaasa, or complications that causad tha daath. Do not enter tha mode of dying, such as cerdiac or respiratory errest, bock, or heart failure. List only one cause on each line. Approximete Intarval Batween Onsat and Death Physician /Medical Immediata Causa (Final disaasa or conditior rasulting in daath) Examiner Examiner Ver physician end s the bunel-transit that the death certificate be executed Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of). P.O. Box 68760, Physician/Medical Due consequance of): ettending | signed by the et d be detached for Part II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco usa contribute to the causa of death? Acute Kespiratory Unknown DIZ Q 1 ☐ Yas 2 ☐ No 3 Probably by Rhabdomy olos R 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performad? Completed peen has 1 Tyes Division of Vital i or Attending Physician: effer death. Director: After this certific funeral director, 25. Way casa rafarrad to madical eyaminar?
1 M Yas 2 □ No Be 26. Placa of Death (Check only ona) Hospital: Inpatiant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Spacify) Certification: To 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding invastigation Natural 1 Yas 2 No 2 Accidant 3 Suicida 6 Could not be datarminad 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) completely filled in by 4 Homicida To the Hospital o within 24 hours of To the Funeral Di Cartifying Phyaician: To tha bast of my knowladga, death occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated.

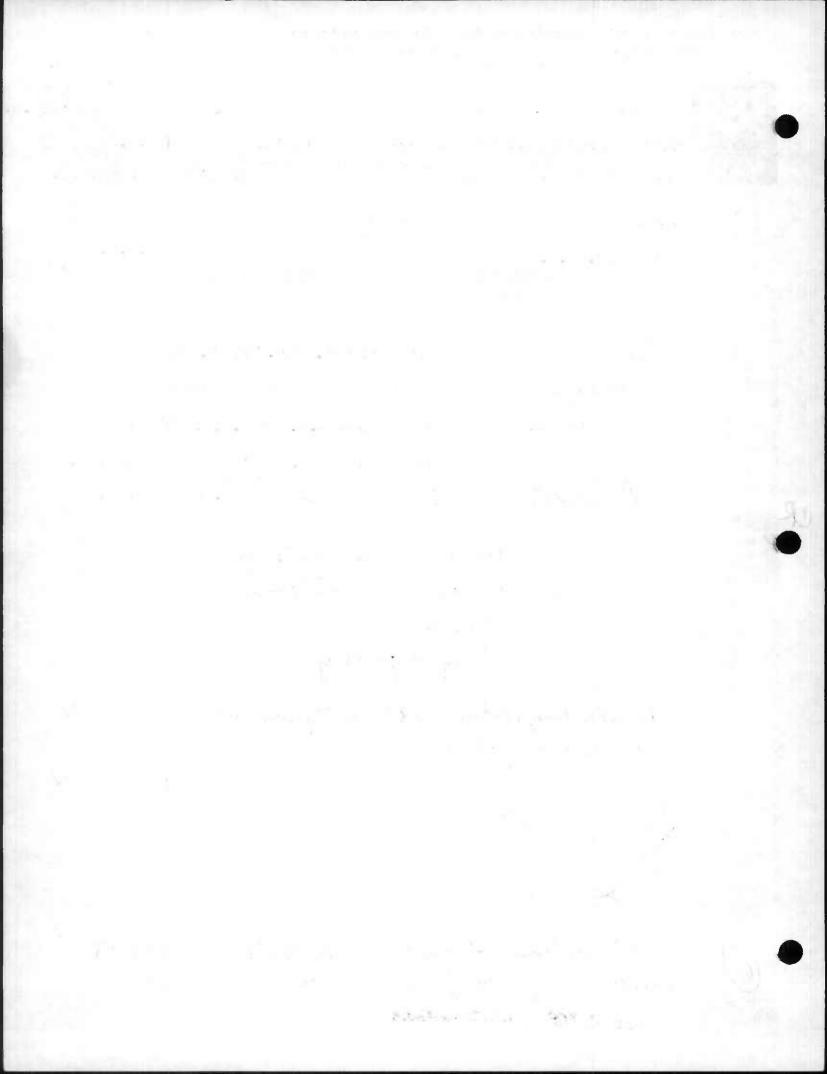
2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and mannar stated. Medicai 29a. Cartifiar (Check only one) 29d. Data signad (Month, Day, Yaar)

State Registrar 30. Name and address of parson who complated ceuse of theath

FFB 05 1998

32, Registrar's Signatura

31. Data filad (Month, Day, Yaar)



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death 3. Time of Daath FEBRUARY 8,1998 06:25a.m. **Physician** ARTHUR JOSEPH MONGEON /Medical Prince Frederick

Ar If Under 24 Hrs.

Min.

a. Fecility Nema (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Calvert Memorial Hospital Calvert

9. Birthpleca (Stata or Foraign Country)
New York If Undar 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) 6. Sex **Funeral** 008-05-6949 1 M 2 □ F Months Days 83 Director Usual Rasidance of Dacedant filed within 72 hours efter death with the Maryland 10a. Stata 10b. County 10c. City. Town or Location r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10d. Insida City Limits Maryland Prince George's 1 Yes 2 No Director Forestville 10e Street and Number 10f. Zip Code 10g. Citizan of What Country? 6473 Pennsylvania Ave. 20747 U.S.A. Funeral 12. Wes Decedant Evar in U,S. Armed Forces?, 1 ☐ Yas 2 ☐ No If Yas, Giva Was Dacedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - American Indian, 11 Maritel Status Black, Whita, atc. 1 Navar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White Specify: p 3 Widowed 4 □ Divorced Yaer or Datas: Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry i Hygiene. Elamantary/Secondary (0-12) Collega (1-4or 5+) 8th 18. Mothar's Name (First, Middla, Maidan Surname) Truck Driver 7 is marked other traumatic event, II N/A17. Fathar's Nama (First, Middla, Last) . Pages 1 end 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even Be Unknown Unknown 0 19a. Informant's Nama/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carol A. Ricker (daughter) 2180 Plum Point Road Huntingtown, MD 20639 Feb. 11, 1998 Clinton, Maryland 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 1 ☐ Burial 2 XCramation 3 ☐ Ramoval from State permit. Page Department of Important: If any injury or once. Lee Crematory 4 ☐ Donation 5 ☐ Othar (Spacify) Lee Funeral Home, Inc. 21. Signatura of Funeral Sarvica Licansaa 22. Nama and Addrass of Facility 6633 Old Alexandria Ferry Rd Clinton, MD 20735 TITL 23a. Part1. Enter the diseasa, or complicetions that caused the death. Do not antar the mode of dying, such es cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Deeth **Physician** -ew hours /Medical Immediata Causa (Final disaasa or condition rasulting in daath) 0 Examiner Examiner physician and the burial-transit law requires that the death certificete be executed Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avants rasulting In daath) Lasl Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consaguança of) ettending pl signed by the et d be deteched for Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contributs to the cause of death? 1 Yas 2 N 3 Probably 4 Unknown Lee à 24b. Wara autopsy findings avellable prior to complation of cause of daeth? 24a. Was en autopsy performed? Completed peen page 2 s 2/1 No certificate 1 Yas 1 ☐ Yas 2 ☐ No or Attanding Physician: Be 25. Was casa rafarred to medical examinar? 26. Placa of Daath (Check only ona) Hospital: 1 Yas 2 10 Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) Certification: To 1 Inpatient 2 R/Outpatiant 3 DOA After this funerel 27. Manper of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Natural 5 Panding after death. 2 Accidant invastigation 1 Yas 2 No Could not be datarminad 28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 3 Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours a Hospital edical 29a. Cartifia Certifying Physician: To tha bast of my knowladga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Exeminar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of cartifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) Allend MD. 40 30. Nama and addrass of person who complated cause of death (Itam 23a) (Typa, Print)

Dr. Anwar T. Munshi, M.D., Prince Frederick, Maryland

32. Registrar's Signatura

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Registrar

State

31. Data filed (Month, Day, Year)

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year out to a substitute of the State of the State of

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** :00am Moreland sernard enr 1998 /Medical 4a. Facility Nema (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Clinton Southern Maryland Hospital Center

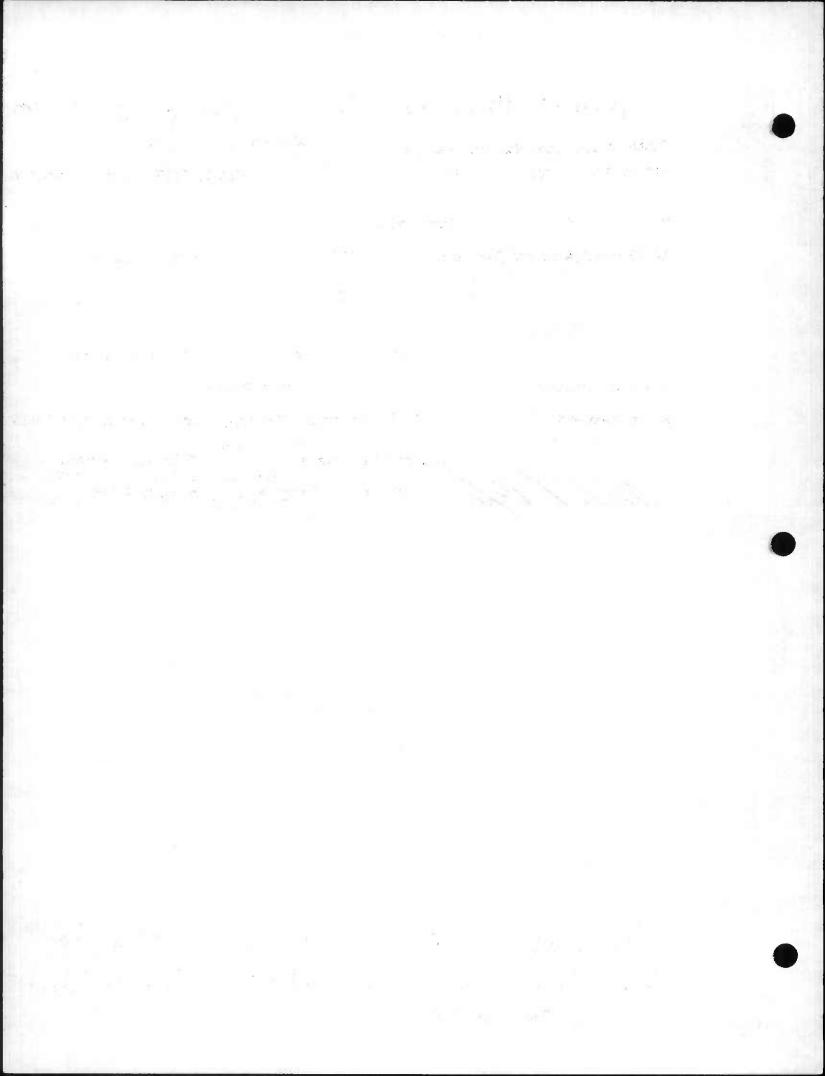
octal Security Number 6. Sax 7. Age (In yrs. last birthdey) P.G. ff Undar 1 Yeer If Under 24 Hrs. 5. Social Security Number Birthplaca (Stete or Foreign Country) **Funeral** M 2□ F Days 219 07 3069 Yrs 81 Director Croom, Maryland Usual Rasidance of Decedant permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiene. Important: If frem 27 is marked other than "natural; or items 23s or 28s-f show any injury or other traumatic event, the Medical Examinations. 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yes 2 ☐ No Director MD P.G. Brandywine 10e. Street and Number 10f. Zip Coda 10g. Citizan of Whet Country? 14410 Brandywine Heights Road 20613 United States Funerai Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Maxican, Puarto Rican, etc.) 12. Was Dacedant Ever in U,S Armed Forcas? 14. Race - American Indian, Black, Whita, atc. 1 Nevar Married 2 Married 1 Yes 2 No If Yes, Giva XX Year or Datas: 1 Yas 2 No Baltimore, Maryland 21215-0020 Specify: White þ Specify: 3 Widowed 4 Divorced Completed 16a. Decedeni's Usual Occupation (Give kind of work dona during most of working life. DO NOT usa ratired) 15. Dacedant's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Collaga (1-4or 5+) Sheet Metal Worker Limbach Company 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Meidan Surnama) Be Benjamin Moreland Annie Thomas 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Ester Moreland 14410 Brandywine Heights, Road, Brandywine, Md 20613 20b. Pleca of Disposition (Nama of cematary, cramatory or other place) Feb 7, 1998 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burlel 2 ☐ Cramation 3 ☐ Removel from Steta Clinton, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) Resurrection Cemetery 22. Nama and Address of Fecility Lee Funeral Home, Inc 6633 Old Alexandria Ferry Road, Clinton, Md 20735 23a. Part1. Enter the disease or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory errest, ehock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical Immediata Cause (Final diseasa or condition rasulting in death) Examiner Dua to (or as a consequence of): Examiner The law requires that the death certificate be executed attending physician end for use es the burial-transit Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Diseese or Injury that initiated evants rasulting in death) Last Dua to (or as e consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Dua to (or as e consequence of) Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by the 23b. Did tobacco use contribute to the cause of death? abdomina 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? page 2 s 2 PNo 1 Yas 2 No After this certificate Hospital or Attending Physician: director, 25. Was casa rafarrad to medical Be 26. Placa of Daath (Check only ona) Hospitel: 1 patient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 2 1 Yas 2 N funeral 27. Mannar of Deeth 28a. Data of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. Injury et Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding invastigation efter deeth. 1 ☐ Yas 2 ☐ No 2 Accident within 24 hours efter der To the Funeral Directo completely filled in by th 3 Sulcida 6 Could not be determined 28e. Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicida 29a. Certifier 1 🗀 Cartifying Phyeician: To tha best of my knowledga, daath occurred at tha time, dete and piece, end dua to tha causa(s) and mannar as statad. Medicai 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and plece, end due to the cause(s) end menner steted. To the 29b. Signature and title of 29d. Data signed (Month, Day, Year) atto

State Registrar

31. Data filed (Month, Day, Year) 32. Registrar's Signature abi Davidson Rawlatt FEB 1

who complated cause of deeth (Item 23e) (Type, Print) , M.D

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Sara Boone Morris 7 1950 4c. County of Deeth 6:55P.M. /Medical Feb. 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Daath Examiner Genesis Eldercare--Corsica Hills Queen Anne's Meredian Nursing Home
5. Sociel Security Number 6. Sex 7. Ad Centreville If Under 1 Yaer 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** Deys 1 □ M X 🔯 F Months Hours Min. 219-14-3642 Director Apr. 20,1924 Maryland Usuel Residance of Decedent 10b. County r than "natural", or items 23a or 28a-f show tra Mexical Examinar must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No Md. Oueen Anne's Queenstown 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 2208 Bennett Point Road 21658 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forces? Wes Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. Race - American Indian Bleck, White, etc. within 72 hours after 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2√No Specify: Specify: White by 3 ₩idowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) Oil & Gas permit. Pages 1 and 2 should be filed will bepetment of Heelth and Mental Hygient Important: if item 27 is marked other tha any injury or other traumatic event, if all once. 12 Corp. Secretary

18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Fether's Neme (First, Middla, Last) Be James Carroll Boone Ruth Lillian Lewis 19e. Informent's Neme/Reletionship (Type, Print) Exec/PR 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) P. O. Box 1928, Easton, Md. 21601 Paul J. Jones, Jr. Feb. 12, 1998 20b. Place of Disposition (Neme of 20e. Method of Disposition cemetery, cremetory or other plece) 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Chesapeake Cremation Center, Stevensville, Md.
22. Name and Addrass of Facility 21. Signeture of Funerei Service Licensee Fellows, Helfenbein & Newnam Funeral Home 408 S. Liberty Street, Centreville, Md. CESIP JOHN R. MERCERON 23a. Pert 1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximete tntervel Between Onset and Death **Physician** Amyotrophic Cateral Scherosi's 3 months /Medical Immediate Ceuse (Finel diseese or condition resulting in daath) Examiner Examiner The law requires that the death certificata be executed physician and as the burief-trens Sequentielly list conditions, if eny, leading to immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or as e consequence of): Box 68760. Physician/Medical Due to (or as e consequenca of): P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yss 2 ☐ No 3 ☐ Probably 4 ☐ Onknown signed b Records, þ 24b. Were eutopsy findings availeble prior to completion of ceuse of deeth? Completed 24e. Was en eutopsy performed? page 2 1 Yas 2 □ No 1 Yes 212 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Othar (Specify) Medical Certification: To 1 Yes 2 No 27. Menner of Death 28a. Dete of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending 1 Naturel investigetion 1 | Yes 2 | No 2 Accident 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 - Homicide 29a. Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of axeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) end mennar stated. 29b. Signeture end title of certifier 29c. Licansa number 29d. Date signed (Month, Dey, Year) Feb. 9, 1998

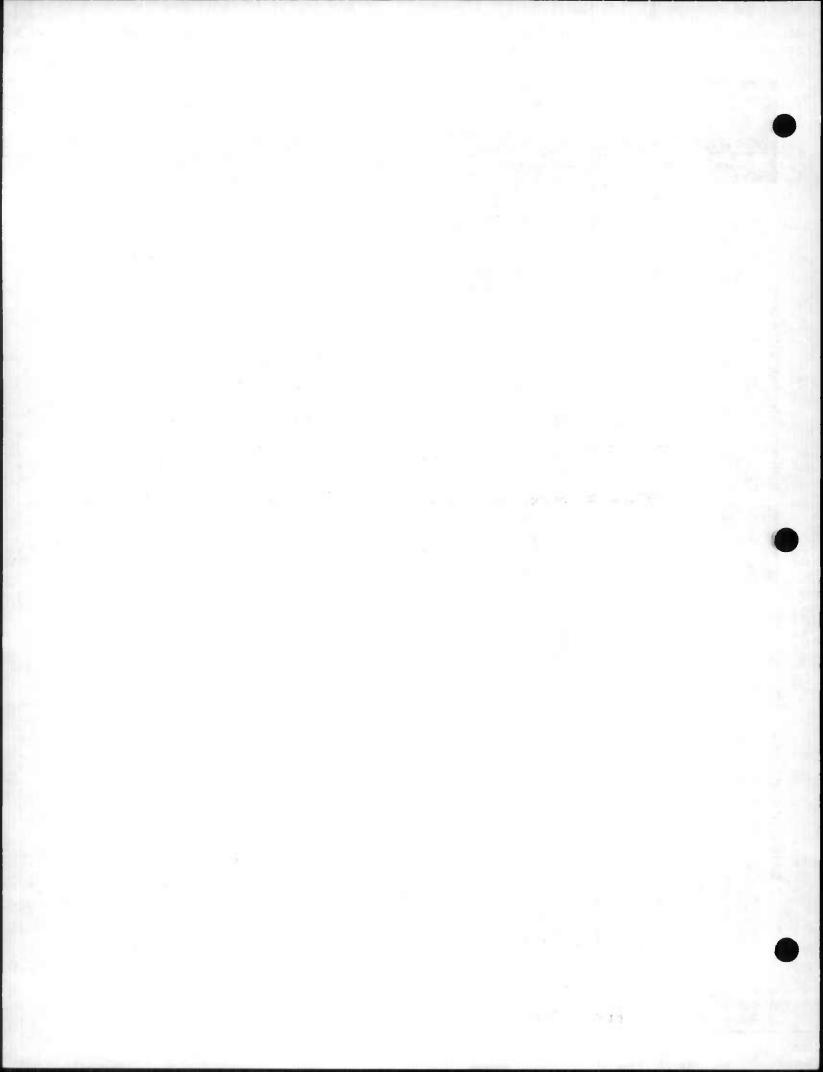
State Registrar

Russell Schilling, M.D.; 2540 Centreville, Rd., Centreville, Md. 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

30. Neme end address of person who completed cause of deeth (Item 23a) (Type, Print)

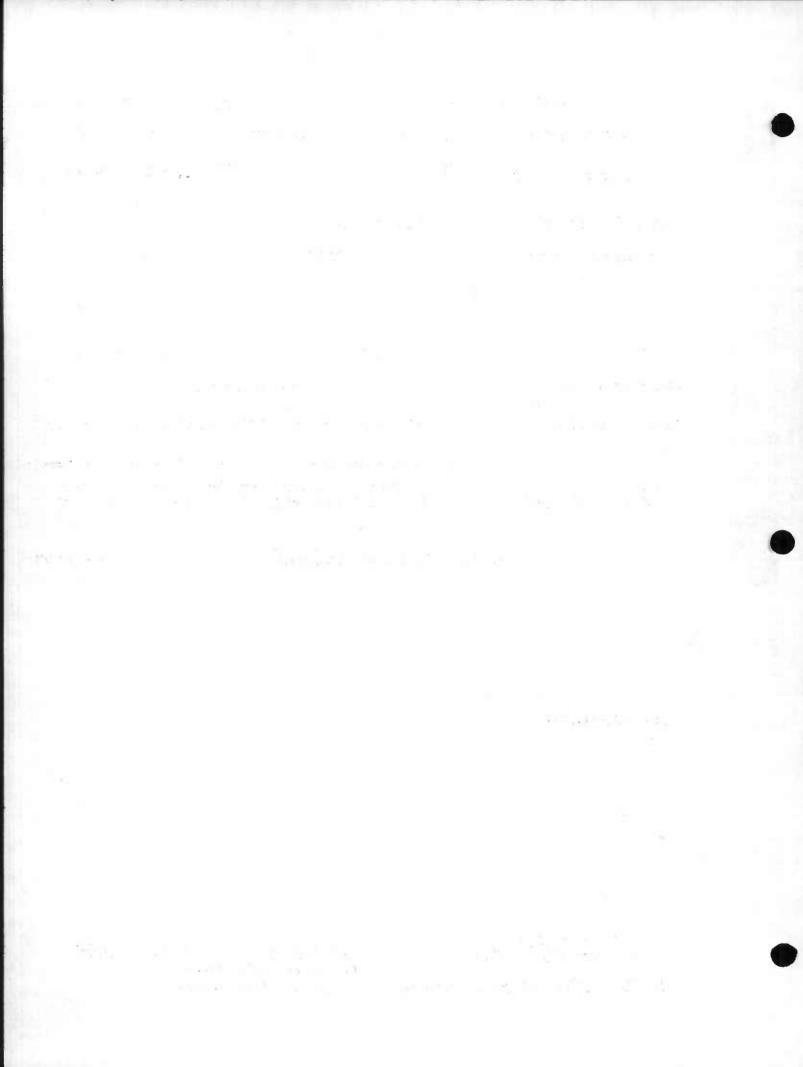
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Lulia Davidson-Randelle



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	Funeral Director		5. Social Security Number 8. Sa 11 212-43-2214 Usual Rasidance of Dacedant	7. Aga (In yrs ☐ M 2 TYF 96	. last birthday) Yrs.	If Undar 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	8. Data of Bli	th av. Year) 20,1902	9. Birthp Coun F'I	laca (Stata or Foreign trv) RANCE	
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Maryland 21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiena. Itam 27 Is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Exercities must be nutified at	by Fur	1 Navar Married 2 Married 3 Widowed 4 Novorced	Armed Forcas? 1 ☐ Yas 2 ☒No If Yas, Giva Yaar or Datas:	If	Yas, specify Cub ☐ Yas 2 X No	an, Maxican, Puart	o Rican, atc.)	Specify Specify	k, Whita,		
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Mar	12 sho and la ma raum		19a. informant's Name/Ralationship (7)	ype, Pnint)			and Number or Ru				·	
	Health		Alan Bertaux/Son 20a. Method of Disposition	20b.	Place of Dispos	ition (Nama of		llicott	City, M		and 21043	
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Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: if Item 27 is merked other than any Injury or other traumatic event, the Means.		21. Signatura of Funaral Sarvice Licens		22.	S Cemete Nama and Addra	iss of Facility		Ellicot			
0	21. Signatura of Funaral Sarvice Licensea 22. Nama and Address of Facility Harry H. Witzke's 4112 Old Columbia											
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x 68760,	entificate t ding physics se as the b	Medical	rasulting in death) Last	Dua to (or as a consequ	ance of):						
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of Vital	Physician: The I this cartificate har ral director, page	Be	25. Was casa rafarred to medical axaminer?	Hospital:		000	26. Place of Dea					
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	# 296. Signature and title of certifier 29c. Licansa numbar 29d. De						29d. Data signed					
	30. Nama and address of parson who complated causa of death (Item 23e) (Type, Print) Pio L. Poblete M.D.						3,19	198				
	2			purpleted cause of death (Ite	m 23e) (Type, P	rint) Pro 1	L. Poble	D 210	>. 	,		
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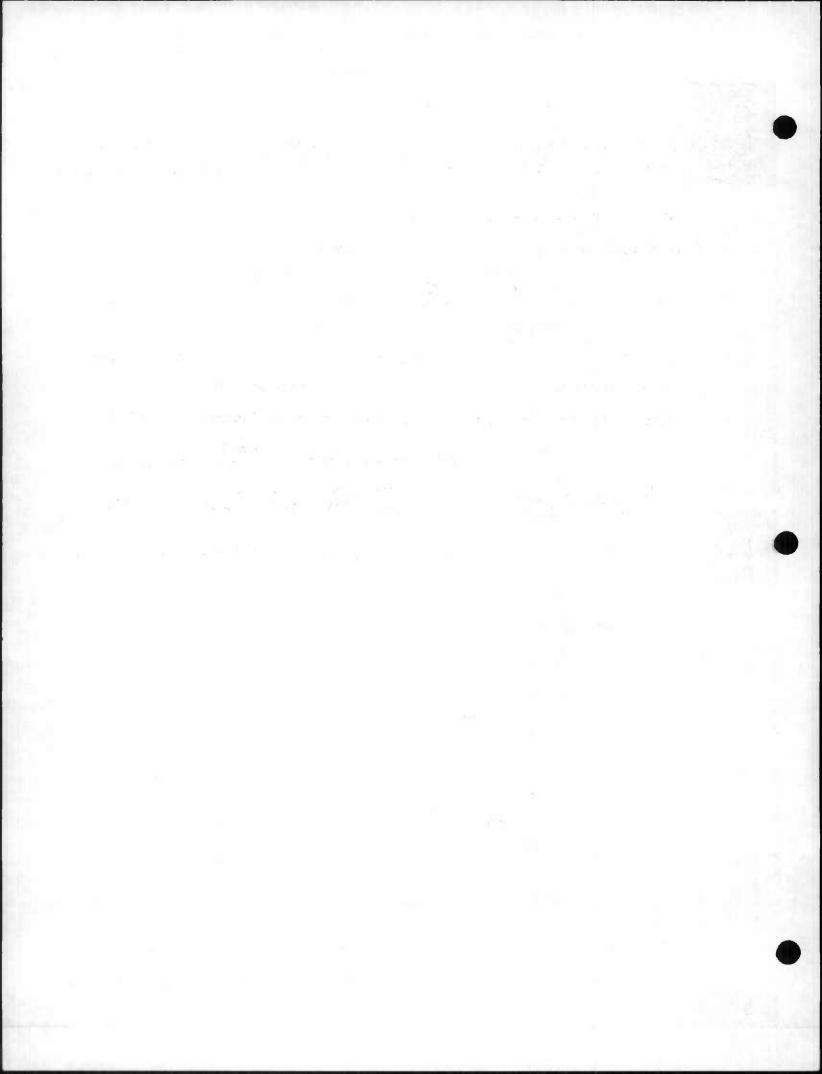
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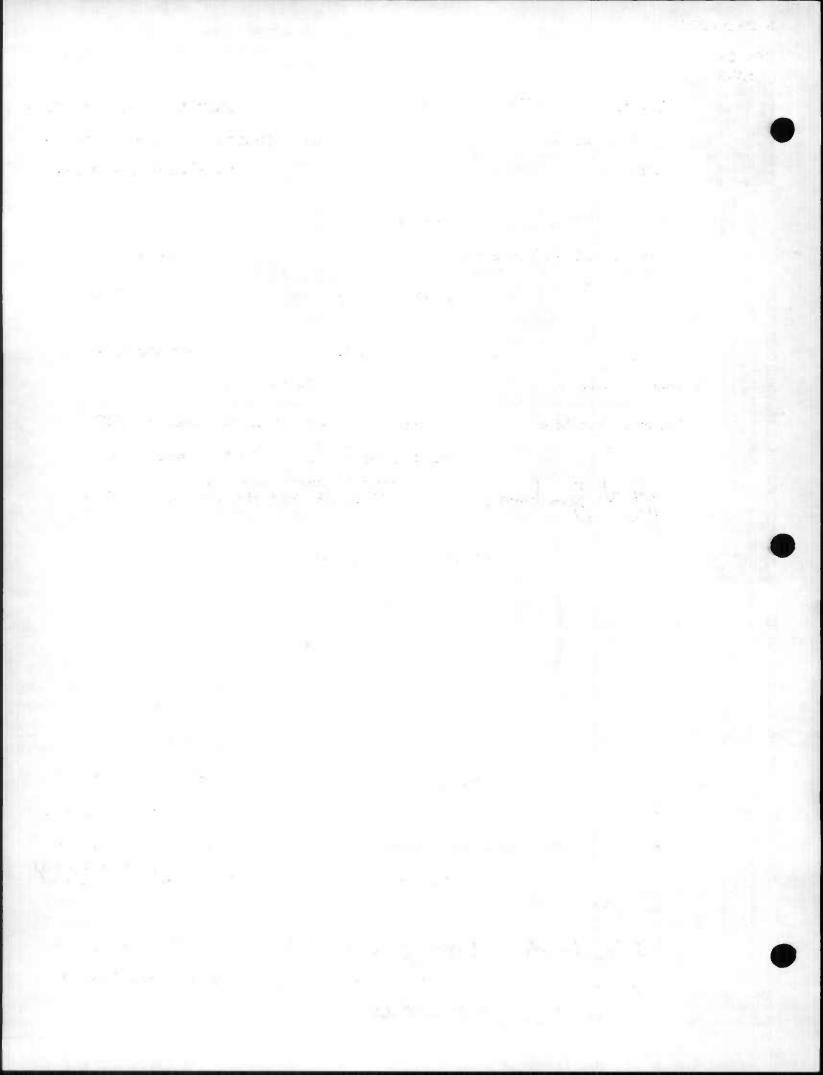
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State of Maryland / Department of Health and Mental Hygiene 5 5 2 3 7

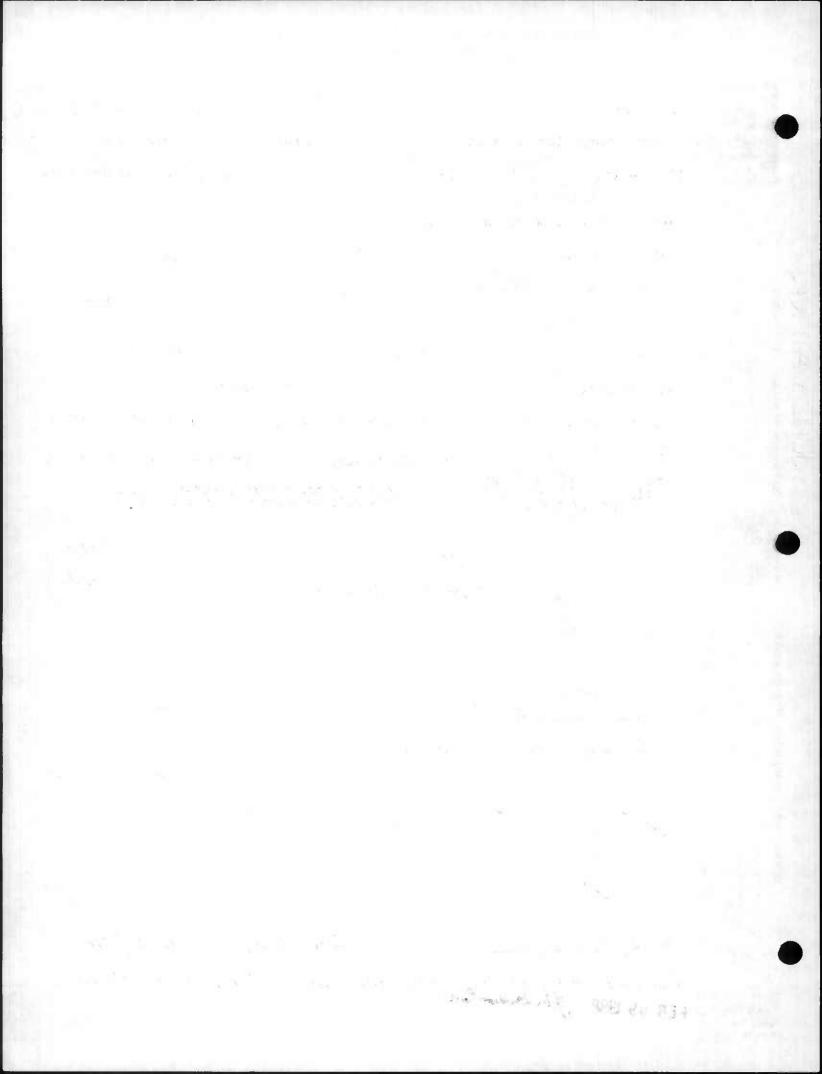
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Exam		4a. Facility Nama (If not institution, give	a street and number)				4b. City, Tov	wn, or Locat	ion of Death	4c. County	of Death		
		Laurel Regional H					Laure			Princ			
Funera Directo			ex 7. Aga	(In yrs. last birt	Yrs. Months	Days	If Undar 2 Hours	Min.	Data of Birth (Month, Day, uly 3I	1915	9. Birthpi Count Penr	ace (Stata try) 1Sylva	or Foreign ania
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21215-0020 9 within 72 hours after death with the Maryland liene. r than "natural", or items 23s or 25s-1 ehow the Medical Examinet must be notified at	þ	11. Marital Status 1 Nevar Marriad 2 Married 3 Model A Divorced	12. Was Dacedanf E Armed Forcas? 1 XYas 2 No If Yas, Giva Yaar or Datas:		13. Was Dace If Yas, sp	ecify Cubi	dispanic Orig an, Maxicen, Specify:	gin? (Specif , Puarto Ric	y Yas or No- an, atc.)		a - Amarico ck, Whita, a	atc.	
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Physiciai /Medica Examine	1	23a. Pan1: Entel tha disease, or corty shock, or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	a		CART	IA						Approxima Intervel Be Onset and	etween
uted Insit	Examiner		b. ———								 		
C, an end	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underfying											
Certificate be executed ding physician and use as the buriel-transit	Medical	Causa (Disaasa or injury that initiated events resulting In death) Last Dua to (or as a consequence of):											
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ysician: The law ysician: The law is certificate hes bidirector, page 2 s	Com								1 ☐ Yas	s 2 1 No	1	Yas 2	□ No
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OT VITA Physician: rthis certific and director,	10	I las 2 privo	Hospital:				4 LI NUI		5 Rasidar)	
lor Attending F effer death. Director: After In by the funer	cation	27. Mannar of Death 1 Natural 5 Pending 2 Accident invastigation			ime of njury M	28c. injur Wor 1 🗆	yat k? Yas 2 □ N		l. Dascribe hov	w injury occuri	red		
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To the Hospital or Attending Physician 24 hours effer death. To the Funeral Director: Affer this completely filled in by the funeral	edicai	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medical Exam	vaician: To the bast of iner: On the basis of a and mannar state	examination and	death occurred Vor Invastigation	d at the tin	na, data and pinion, deat	d place, and h occurred	due to tha car at the tima, da	usa(s) and ma ta and placa,	annar es st and dua to	ated. tha cause	o(s)
To the within To the comp	W	29b. Signature and title of certifier	ĥ		29		a number	97	29	d. Data signa	d (Month, 18	Day, Year)	
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	RANCIS EYERS	State of Maryland / Department of Health and Mental Hygiene Certificate of Death										052	238	
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	Physicia /Medica	ıl	Francis 4a Facility Nama (If no	ot institution, o	William	nber)	Meye	cs	4b. City		FEBRUZ	ARY 4,	1998	2:25P.M
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	Mand Mand		Usual Rasidance of De 10a. State 1	ocedant Ob. County		10	c. City, Town or	ocation					100	d. Inside City Limits
	ath with the Marylar 23a or 28a-f show	Š	Md.	Carrol1		V	estmins	ter						1□Yas 2⊠No
	or 28	Director	10e. Street and Number	er			·	10f. Zip Code	3			10g. Citizen of		y?
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re,	ーエッシ	-	20a. Mathod of Dispos	ition			Ob. Placa of Dis	position (Nama of amatory or other p			Date	20c. Location		
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Baltimore,	Department Department Important: any injury o		21. Signatura/of Funa	ral Sarvica Lic	ansio			22 Name and Add effrey N. 028 Sykesv				Marvlan	d 2178	4
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				State o	of Maryla	nd / Dep <i>Ce</i>	artmen rtificat	t of F e of	lealth ar Death	nd Me	ental Hy	gieneg 8	05	239
1	Physic		Decedent's Neme (First, Middle, Las June Madelene Ma	ettick							2. Dete of Do		Y 998	Time of Death
	/Medi Examir		4e. Fecility Neme (If not institution, give		m <i>ber</i>)				4b. City, Town		EBRU	th 4c. County		12 00 111
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	Director		160-14-0160	□M 2∏F	78	8 Yrs.	Months	Days	Hours	Min. J	an. 9	, 1920	Penns	ylvania
	· ·		Usuel Residence of Decedent											<u></u>
	arytar show id.at		10e. Stete 10b. County		10c. C	ity, Town or Lo	ocation							Inside City Limits
	the Maryla 28a-f shor notified at	cto	Maryland Prince	George'	s Co	llege :	Park							1 Yes 2 No
P. C.		Director	10e. Street end Number				10f. Zip					10g. Citizen of	Whet Country?	
	eath with the 23s or must be		4621 Harvard Road					740				U.S.A.		
1	ter des flerre Dec.m	Funeral	11. Marital Status	Armed Fo		J,S. 13.	Was Deced	dent of H	fispenic Origin en, Mexican, F	? (Speci Puerto Ri	ify Yes or Nican, etc.)	o- 14. Rad Ble	a - American I	ndian,
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7	High other	BeC	17. Father's Neme (First, Middle, Last)						18. Mother's	Neme (First, Middle	, Meiden Surnan	16)	
> <u>r</u>	should be nd Mental marked o marke eve	ToB	John Cleaver						Liott	a C	Cooper			
Maryland 21215-0020	2 should be and Mental is marked o sumatic eve	-	19e. Informent's Neme/Relationship (T	ype, Print)		19b. Meili	ing Address	(Street	end Number	or Rurel	Route Numb	er, City or Town,	Stete, Zip Co.	de)
73 ×	alth ar 27 is ar trau		Joseph F. Mattick	- Husba	and	4621	Harva	rd F	Road, C	olle	ge Pa	rk, Mary	land	20740
= e			20e. Method of Disposition		20b.	Piece of Dispo	osition (Nen	ne of	ca)	1	Dete	20c. Location -	City or Town,	State
- E	Pages nent of int: If its ary or o		1 Burial 2 Cremation 3 □ I 4 □ Donetion 5 □ Other (Specify,		State	11side				2/0	7/98	Roslyn,	Pennsy	lvania
JUJI Baltimore	partme portant: y Injury ce.		21. Signature of Funeral Service Upens	100	0	2:	2. Name en	d Addre	ess of Fecility					
00	Dep Per Per Per Per Per Per Per Per Per Per		Henry Vi-	FIL		F	ranci	s Ga	asch's	Sons	Fune	ral Home attsvill	P.A.	20781
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	/Medical		Immediate Ceuse (Finel disease or condition		Sep.	sis							4	t day
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68760,	cate be executed physician and the bunal-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	c			_						1	
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	Physician: The law requires that the death certifi this certificate has been signed by the ettending ral director, page 2 should be deteched for use as	by P	Demertia Cerebovasco	(A12	himi	2)					10	Yes 2 No	3 Probabi	y 4 Unknown
Records,	v requires been sig should b	De De	C. 1	0	000	1 4						en eutopsy	24b. Were	autopsy findings
့	w re	Completed	Cerebrorasco	la	ucce	Yen 7					pen	omed?		ole prior to etion of cause th?
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ta	ician: The certificate rector, pag	BeC	25. Wes case referred to medical						26. Plece of	Deeth /				5 22.10
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io	2 =	atio	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation	(WOW	in, Doy roar)	Hijury	М		Yes 2 □ No					
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17776	6560	Méd	one)	end menr	ner stated.									
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((/		30. Name and address of person who co RoinTAN FARAH	ompleted caus	e of deeth (Ite	m 23e) (Type,	Print)	1	: 11.	- 0	2211	Rowin	MAD	07//-
		40	31. Dete filed (Month Per Year)	Manh	I L.I.J.	Lura	urchil	UV	THE VO	Car	P 46	00.10	102	-110
11,	Sta	te	FFR 09 1998	A PLANT										



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 9 1524

_		Certificate of Death Reg. No.										240				
	Physic	ion	Decedant's Nama (First, Middle	, Last)					2. Data of De Month	eth Day	Yaar	3. Tima of Daeth	_			
	Physic /Medi		Frances Mild	red Morelan	ıd				Jan.		98	7:00 P.M	۷.			
	Examir		4a. Facility Nama (If not institution	, giva street and number	r)			4b. City, Town, or	Location of Deatl	4c. County	of Death					
1			Crofton Conval	escent Cent	er			Crofton		Anne	Arund	el				
	Funeral Director		5. Sociel Sacurity Number 214 28 9906	6. Sax 7. A 1 ☐ M 2 🖾 F	ga (In yrs. last birt	Yrs. If Und Month	ler 1 Yaar s Days	If Under 24 Hrs Hours Min.		th y, Yeer) 2, 1910	9. Birthpla Country Mary	ca (Stata or Foraig Y) Land	n			
	pue M.		Usual Rasidence of Dacadant 10a. Stata 10b. County		10c. City, Town	or Location					100	d. Inside City Limits	0			
	Mary!	ō	Maryland Anne	Arundel	Tot	hian					100	1 ☐ Yas 2 € No				
	r 28a	9	10e. Straat and Number	Aldidel	LUL		Zip Coda			10g. Citizan of \	What Countr	v?	_			
	h will	0	1150 Marlboro R	oad			2071	1		United						
20	72 hours effer death with the Marylend natural; or Hems 23s or 28s-f show pical Examinet must be notified at	by Funeral Director	11. Maritai Status 1 Navar Married 2 Marri	If Yas, Giva	? I No		edant of Foecify Cub	Ilspanic Origin? (S an, Mexican, Puan Specify:	specify Yas or No to Rican, etc.)	- 14. Rac	e - Amaricar ck, Whita, et	n Indian,				
Maryland 21215-0020	72 hours "natural",	Q P	3 √Widowad 4 □ Divorced	Yaar or Dates							Whit					
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212	filed within Hygiena. ther than "	E C	Elemantery/Secondery (0-12)	Collaga (1-4or	5+)			0)								
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lar	should be filled and Mental Hygis marked other imatic avent, I	ToB	Charles L. Smi	th				Amanda	Windsor							
ary	and Mental Hygiena. Is marked other than aumatic avent, the M		19a. Informant's Name/Raiationsh	ip (Type, Print)	19b.	Mailing Addra	ss (Street	end Number or Ru	ural Routa Number, City or Town, Stata, Zip Coda)				_			
×	CENL		Elmer A. Morela	nd Son	1	150 Mar	clhor	o Rd Lo	thian Ma	ryland	20711					
ore	8 5 5		20a. Mathod of Disposition			n, Stata										
Ĕ	Pages natiof I ant: If Ita		to Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Othar (Specify) Commatory or othar place) Fort Lincoln Cemetery Brentwood Maryland													
Baltimore,	permit. Page Depertment of Important: If any Injury or once.		20a. Mathod of Disposition b Sturial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Other (Specify) 20b. Place of Disposition (Nama of cematery, crematory or other place) Feb. 4, Pale 998 20c. Location - City or Town, Stata Brentwood Marylan 21. Signatura of Funerel Sarvica Liganses 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, Inc.													
			ROBERT E. EVANS FUNERAL HOME, INC. 16000 Annapolis Rd. Bowie Md. 20715 23a. Pertl. Entar the disease, or complications thet caused the death. Do not anter the mode of dying, such es cardiec or respiretory arrast, interval Batwer interval Batwer.													
	Physician	4	snock, or haart failure. List o								ir	ntarval Batwaan Onset end Death				
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-	₽ #	Examiner		Ala Minnes distance									2			
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68760,	cian a		Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disease or Injury	c												
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o.	the de	Physician/	Part II. Other significent condition	s contributing to death t	out not rasulting In	tha undarlying	ceusa giv	an In Part I.	23b. Dld t	obecco use cor	ntribute to ti	he cause of death?	?			
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ă	he Hospital or Attending Phin 24 hours after death. he Funeral Director: After the pletely filled in by the funerel	l Certification:	4 Hornicide	building, e	c. (Specify)				City or Tow	n, Stete)						
	Hospital 24 hours Funeral etely filled	edical	29a. Cartifiar (Check only one) Certifying 2 Medical E	Physicien: To the bast carniner: On the basis o and menner st	t axamination and	daeth occurre or invastigatio	at tha tin n, in my o	na, date end piace plnion, daath occu	, and dua to tha c rred at tha tima, c	ause(s) end ma data and place, e	nnar as stete and dua to th	ed. ne ceusa(s)				
	forthe offinion		29b. Signature and title of contine	and mornar st	100	2	c. Licans	e number		29d. Data signed	(Month Da	v Year)	-			
	1		\$ DON!	10/10	1191 V	UD	T	010	8	>/2	19	7				
	61		30. Name and address of a S	no completed as a	footh (firm of a re-	'/	U	10	0	41	110) ,				
	0		30. Name end address of person w	a lan	(T	ype, Print)	10	ROU	010	mr	1 2	0715				
	Stat	e	31. Data filed (Month, Day, Year)	32. Registr	ar's Signetura	-VI		000	- '		, ~		-			
	Registra	36	CCD 00 10	mo diki	B4 J. P											

BALTIMORE, MARYLAND 21215-0020	ifter death. Page 6 may be retained by the hospital or attending observing
BAI	s after dea
	hour
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

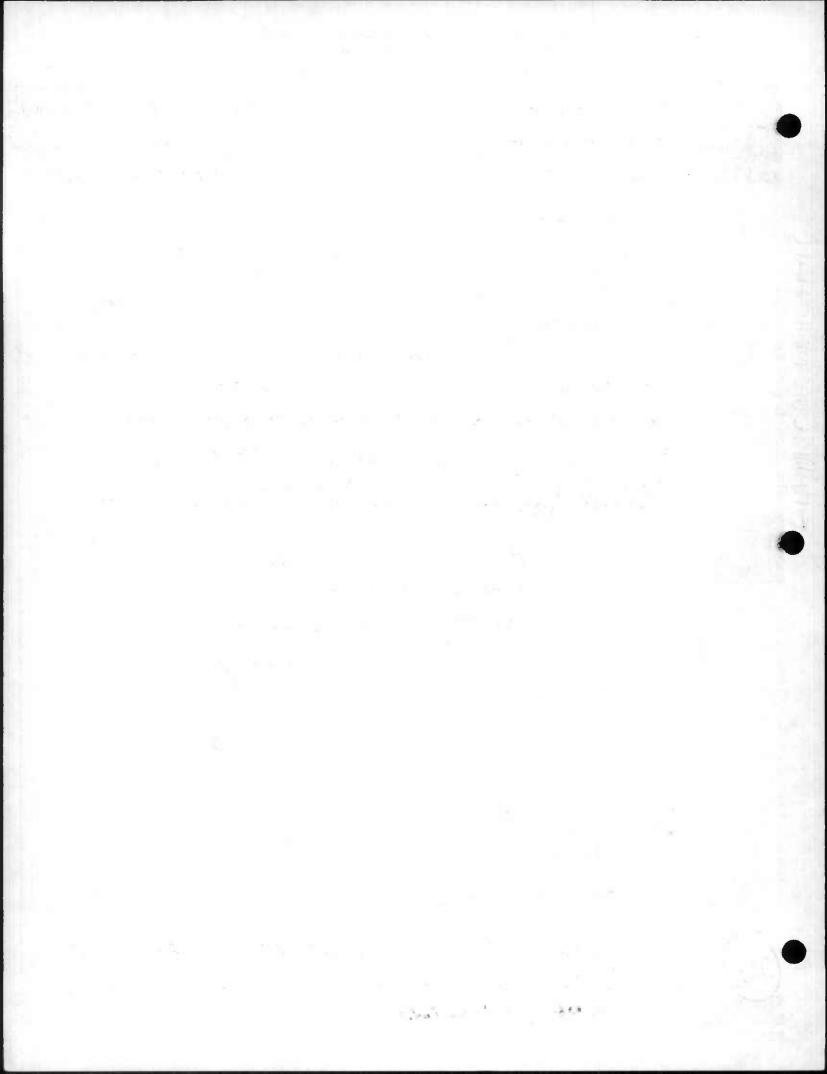
: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	cate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit nermit. Panes 1.2. 3 should	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	em 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complete	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crem	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event,

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGIEN							
1	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH					
1		NOR JR.			Feb. 4,	1998 YEA	10:50 a w					
		S. SEX 8. AGE (In yrs. last	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	S. Bill Co	RTHPLACE (State or Foreign unity)					
	577-58-5896	xx ^{M 2 □ F} 52	YRS.		Mar. 7, 19		shington, D.					
Œ		I and number)		N OR LOCATION OF D		9c. COUNTY O						
DIRECTOR	74 Daimler Drive		Capi	tal Heig	nt, Ma.	P.G	•					
E E	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LO		_		10d. INSIDE CITY LIMITS?					
	Md. P.G.		Capital		d.		1XXYES 2 NO					
FUNERAL	100. STREET AND NUMBER 74 Daimler Dr.			101. ZIP CODE			F WHAT COUNTRY?					
N.		2. WAS DECEDENT EVER IN U.S. ARM	IED 12 MMC	20743	NIC ORIGIN? (Specity Yes	U.S.						
	1 Never Married 2 🔀 Married	FORCES? 1 X YES 2 NO	O If yes	, specify Cuban, Mexica	in, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc.					
BY	3 Widowed 4 Divorced	_IF2YES, GIVE WAR OR DATES 1 -	-67	YES 2 NO Specif	Y:	BP	æek					
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor	moleted) (GM	EDENT'S USUAL OCCUP	ATION most of working	16b. KIND OF BUS	INESS/INDUSTRY	1					
12		College (1-4 or 5 +)	Do NOT use retired.)		0.15							
W	17. FATHER'S NAME (First, Middle, Last)	rs College El	<u>ectrical</u>		r Self	Notes and						
E C	Theodore Minor	Sr.			e Robins							
00	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Stri		Route Number, City or Town							
2	Ruby Minor	7.4	Damler	Dr.Capit	al Height	t,Md.2	0743					
	20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	20b. PLACE AF	ND DATE OF DISPOSITION	(Name of	DATE 20c. LO	CATION — City or	Town, State					
	4 Donation 5 Other (Specify) H. SIGHATURE OF FUNEBALL SETTUCE LICEN	River			-9-98 Ri	verdal	e Md.					
	21. SIGNATURE OF FUNERALISERNICE LICEN	SEE		AND ADDRESS OF FA	Funeral	Servi	ce					
	· wast		563	5 Eads S	t, N.E.							
	23. PART I. Enter the diseeses, or com shock, or heert fellure. Lis	nplicetions thet caused the dee it only one ceuse on each line.	th. Do not enter the	mode of dying, suc	h as cerdiec or respi	retory arrest,	Approximate Interval Between					
	IMMEDIATE CAUSE (Fine)	1	- 1. A				Onset and Death					
	disease or condition resulting in death) •. LUNG CAW CEN DUE TO (OR AS A CONSEQUENCE OF):											
,		OUL TO (ON AS A CONSEQU	DENCE OF J.									
5	Sequentially list conditions, if any, leeding to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):									
3	cause, Enter UNDERLYING CAUSE (Disease or Injury											
빌	that initiated events resulting in deeth) LAST	DUE TO (OR AS A CONSEOL	JENCE OF):									
CERTIFICATION	d											
A P	PART II. Other significent conditions of	ontributing to deeth but not re-	sulting in the underly	Ing ceuse given in			246. WERE AUTOPSY FINDINGS					
					PERFOR		COMPLETION OF CAUSE OF DEATH?					
MEDIC					_	2	1 TYES 2 NO					
PHYSICIAN:		OSPITAL:	OTHER:	PLACE OF DEATH (Ch								
14S	1 VES 2 NO 1	☐ Inpetient 2 ☐ ER/Outpatient 3 ☐ 26a. DATE OF INJURY	DOA 4 Nursing F	lome 5 Residence								
	1 Natural 5 Pending	(Month, Day, Year)	INJURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW IN	IJURY OCCURED						
Э ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJURY — At hom			26t. LOCATION (Street a	nd Number or Run	al Route Number,					
Ē	4 Homicide determined	building, atc. (Specify)			City or Town, State)							
7	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, deat	th occurred at the time, o	lete and place, and due	to the cause(a) and man	ner es stated.						
COMPLETED		On the beals of examination and/or in					e(s) and manner as stated.					
BE C	290. SIGNATURE AND TITLE OF CERTIFIER	21		29c. LICENSE NUM	IBER / 2 2	294. DATESSIGN	ECO (Motors Post Jose July)					
TO B	Jany 7	Hegen		1 059	710250	1 / bus	y Hell					
F	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED OF SE OF DEATH (ITEM	27) (Type, Print) MD			0	2/9/98					
	31. DATE FILED (Month, Day, Year)	32 REGISTRAIL'S SIGNATURE	1									
	FFR 0.9 1998	ythe allutter too										

The second of the second

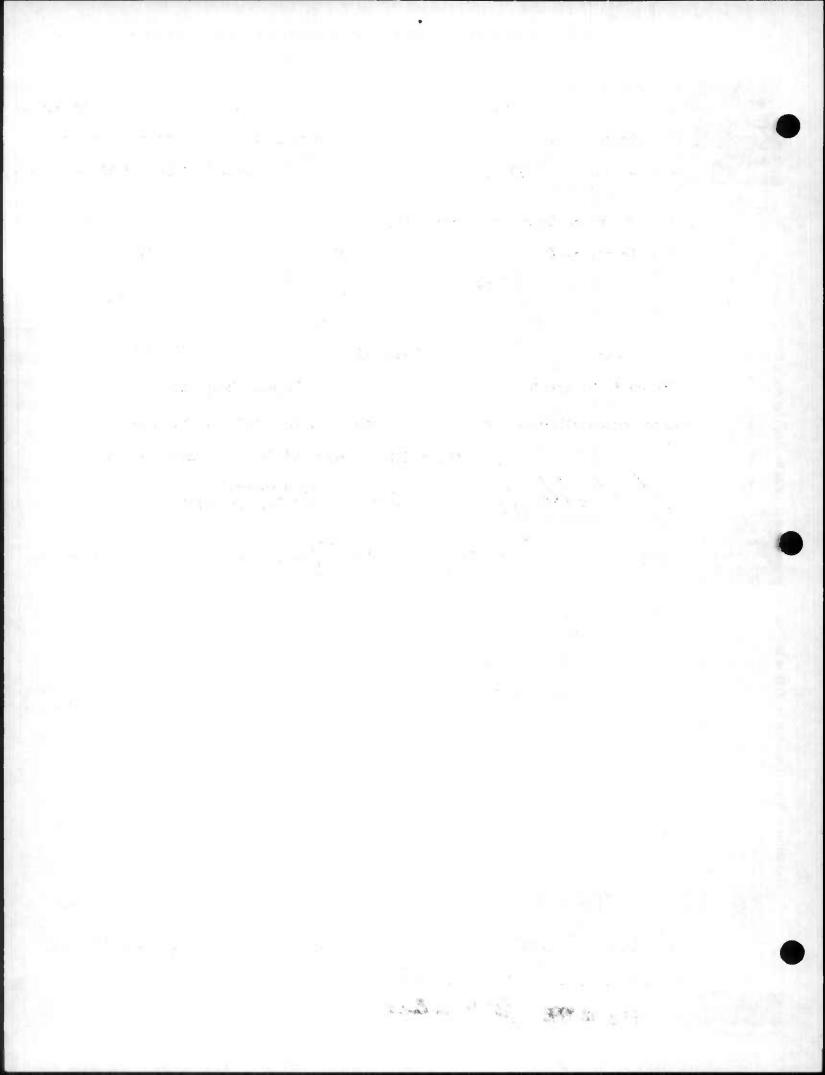
State of Maryland / Department of Health and Mental Hygiene O Q

ysician	ľ	. Decedent's Name (First, Mi	ddle, Last)		2.4			Reg. No. 2. Dete of Death 3. Time of Death					
ledical	ı	Charlotte	Shipn	nan Ma	arshal	1			PEBRIJA	2 / 4	9866	5:15 AN	
aminer	4	e. Facility Name (If not institu	_					4b. City, Town, o	r Location of Deeth	4c. County	of Death		
	ı	Dr's Communi	tv Ho	ospital				Lanham		Prince	e George	es	
eral	5	. Social Security Number	6. Sex		. Age (In yrs.	last birthday)	If Under 1 Ye		Month Dev	Year	9. Birthplace (State or Foreign	
ctor		216-12-4348 Usual Residence of Decedent	Ж	M 2□ F	7	6 Yrs.		yo (todio iiii	January	17,19		h. DC	
N N		0a. State 10b. Cou	•			ty, Town or Lo	cation					side City Limits	
ect o	-	MD Monto	omery	Y	Whe	aton						Yes 2□No	
IDI		0e. Street and Number 1703 Arcola	Ave.				10f. Zip Cod 2090			U.S.A.			
Funeral Director	1	1. Marital Status		12. Wes Deced Armed Forc	ent Ever in U	,S. 13. V		of Hispanic Origin? (Suban, Mexican, Pue	Specify Yes or No-		e - American Inc	lian,	
by Fu		1 Never Married 2 No. 3√3√Widowed 4 Divorce		1 Yes 2 If Yes, Give Year or Date	× S No		☐ Yes 2		nto Filoani, oto.	Specify	/:		
		141	lent's Educ		95.	16a Deced	ent's Usual Oc	cupation		16b Kind of Bi	White usiness/industry		
Completed	-	(Specify only hig Elementary/Secondery (0-1)	hest grade	College (1-4	los E . \	(Give I	kind of work do O NOT use re	ne during most of w tired)	orking	TOD. KING OF BI	usinesamuusiry		
dmo		12 years	2)	College (1-4	ior 5+)	Specia	al Cler	k		C&PT	Telephor	ne	
BeC	1	7. Father's Name (First, Midd	lle, Last)		·				ame (First, Middle,				
		Ervin Ship	man					Mildr	ed Nortor	1			
1	1	19e. Informant's Name/Reletion			-			eet end Number or I)	
other traumatic	\vdash	Burial 2 Cremation 3 Removal from State cemetery, cremetory or other place)								The state of the s			
any injury or o	-	Burial 2 Crematic	n 3 🗆 R	emoval from St	place)	Feb. 7,			tate				
2 4	20a. Method of Disposition 10b. Placa of Disposition (Name of cemetery, cremetory or other place) 10c Date Feb. 7, Cedar Hill Cemetery 20c. Location - City Feb. 7, Cedar Hill Cemetery 21. Signature of Funeral September (Specify) 22. Name and Address of Fecility												
S G		* * (1 V			Re	endon/H	ale Funer	al Home				
		23a. Part1. En er the usease shock, or heart failure. L	compli	cations that cau	sed the deat	b Do not ente	13 Ann	apolis Rd	. Lanhan	n, MD	20706	oximate	
Aedical Examiner	ti	Sequentially list conditions, if eny, leading to immediate ause. Enter Underlying Jause (Disease or Injury hat initieted events esulting in death) Last	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Ver	Due to (c	or as a consequence of as e consequence	ence of): - Lac ence of):	damage Lycard	a. — fe	brille	962		
2	Ī		d.	180	humi	0	Cara	le inger	unlay				
	P	ert II. Other significant cond	itlona cont	tributing to deat	h but not res	ulting in the un	deriving cause	given in Part I	23h, Dld 16	obacco use co	ntribute to the c	ause of death?	
5 2				and and an	aony ng occaso					4 Pt Unknow			
Physic													
2	-								24a. Was a		24b. Were au evelleble completi of deeth?	prior to on ol cause	
2									24a. Was a	med?	evelleble completi of deeth?	prior to on ol cause	
Completed by	2	5. Was case relerred to medi	cal					26. Place of D	24a. Was a	med?	evelleble completi of deeth?	prior to on ol cause	
To Be Completed by	2	5. Was case relerred to medi exeminer? ↑15 Yes 2 □ No	-	ospital: 1 X inp	atient 2	ER/Outpetient	3□ DOA	Other	24a. Was a perfor	med?	evelleble completi of deeth?	prior to on ol cause	
To Be Completed by	L	exeminer? TS Yes 2 No 7. Manner ol Death	Н	28a. Dete of		28b. Time of	3LI DOM	Other: 4 Nursing	24a. Was a perfor	med? es 2 M No ne) ence 6 □Oth	evelleble completion deeth? 1 Yes	prior to on ol cause	
To Be Completed by	L	exeminer? 12 Yes 2 No 7. Manner of Death 12 Natural 5 Pen 2 Accident	ding stigation	28a. Dete of	Injury		28c. Ir	Other	24a. Was a perfor	med? es 2 M No ne) ence 6 □Oth	evelleble completion deeth? 1 Yes	prior to on ol cause	
oy me tuneral arrector, page 2 should be called by liftication: To Be Completed by	L	exeminer? TS Yes 2 No 7. Manner ol Death 1 Natural 5 Pen 2 Accident Inve 3 Suicide 6 Cou	ding stigation	28a. Dete of (Month,	Injury <i>Day Year)</i>	28b. Time of Injury	28c. lr	Other: 4 Nursing	24a. Was a perfor	es 2 No ne) ence 6 Oth ow injury occurr	evelleble completi of deeth? 1 Yes er (Specify)	prior to on ol cause 2□ No	
oy me tuneral arrector, page 2 should be called by liftication: To Be Completed by	2	exeminer? TSYes 2 No TSYES 2 No TSYES 2 NO T	ding stigation Id not be mined	28a. Date of (Month, 28e. Place of building	Injury Day Year) Injury - At h., etc. (Specifiest of my knoss of examine	28b. Time of Injury Dome, farm, stre	28c. Ir M 1 et, factory, offic	Other: 4 Nursing niury at Nork? Yes 2 No	24a. Was a perfor	es 2 No ne) ence 6 Oth ow injury occurr dreet and Numb n, State)	evelleble completion deeth: 1 Yes er (Specify) red eer or Rural Rout	prior to on ol cause 2 No	
oy me tuneral arrector, page 2 should be called by liftication: To Be Completed by	2	exeminer? TSYes 2 No TSYEs 2 No TSYES 2 No TSYES 2 NO T	ding stigation Id not be mined ying Physial Examine	28a. Dete of (Month, 28e. Place of building	Injury Day Year) Injury - At h., etc. (Specifiest of my knoss of examine	28b. Time of Injury Dome, farm, stre	28c. Ir M 1 et, factory, office occurred at the estigation, in m	Other: 4 Nursing	24a. Was a perfor 1 Yeath (Check only or Home 5 Residual 28d. Describe home 28f. Location (San City or Town 1991). Per and due to the curred at the time, described to the curred at the time, described to the courred at the time, described to the course of	med? es 2 10 No ne) ence 6 Oth ow injury occur freet and Numb ause(s) and ma ate and placa,	evelleble completion deeth? 1 Yes er (Specify) red eer or Rural Rout unner as stated. and due to the co	prior to on ol cause 2 No e Number, ause(s)	
Certification: To Be Completed by	2	exeminer? TSYes 2 No TSYES 2 No TSYES 2 NO T	ding stigation Id not be mined ying Physial Examine	28a. Date of (Month, 28e. Place of building	Injury Day Year) Injury - At h., etc. (Specifiest of my knoss of examine	28b. Time of Injury Dome, farm, stre	28c. Ir M 1 et, factory, offic occurred at the asstigation, in m	Other: 4 Nursing niury at Nork? Yes 2 No ca e time, dete and place y opinion, death occurrence number	24a. Was a performant of the control	es 2 No ne) ence 6 Oth ow injury occuri treet and Numb n, State) ause(s) and ma ate and placa, 19d. Date signer	evelleble complete of deeth? 1 Yes er (Specify) red eer or Rural Rout anner as stated. and due to the co	prior to on ol cause 2 No e Number, ause(s)	
oy me tuneral arrector, page 2 should be called by liftication: To Be Completed by	2	exeminer? TSYes 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYEs 2 No TSYes 2 No TSYES 2 NO TSYES 2 NO TSYES 2 NO TSYES 2 NO TSYES 2 NO TSYES 2 NO T	ding stigation ld not be rmined ying Phyei al Examin	28a. Dete of Month, 28e. Place of building iclan: To the beer: On the besi and manner	Injury Day Year) Injury - At h., etc. (Specifiest of my knos of examiner stated.	28b. Time of Injury ome, farm, stre y) wledge, death tion end/or Inve	28c. Ir M 1 et, factory, offic occurred at the asstigation, in m	Other: 4 Nursing niury at Nork? Yes 2 No ca e time, dete and place y opinion, death occurrence number	24a. Was a performant of the control	es 2 No ne) ence 6 Oth ow injury occuri treet and Numb n, State) ause(s) and ma ate and placa, 19d. Date signer	evelleble complete of deeth? 1 Yes er (Specify) red eer or Rural Rout anner as stated. and due to the co	prior to on ol cause 2 No e Number, ause(s)	
oy me tuneral arrector, page 2 should be called by liftication: To Be Completed by	2	exeminer? TSYes 2 No TSYEs 2 No TSYES 2 No TSYES 2 NO T	ding stigation ld not be rmined ying Phyei al Examin	28a. Dete of Month, 28e. Place of building iclan: To the beer: On the besi and manner	Injury Day Year) Injury - At h., etc. (Specifiest of my knos of examine stated.	28b. Time of Injury ome, farm, stre y) wledge, death tion end/or Inve	28c. Ir M 1 et, factory, offic occurred at the asstigation, in m	Other: 4 Nursing	24a. Was a performant of the control	es 2 No ne) ence 6 Oth ow injury occuri treet and Numb n, State) ause(s) and ma ate and placa, 19d. Date signer	evelleble complete of deeth? 1 Yes er (Specify) red eer or Rural Rout anner as stated. and due to the co	prior to on ol cause 2 No e Number, ause(s)	



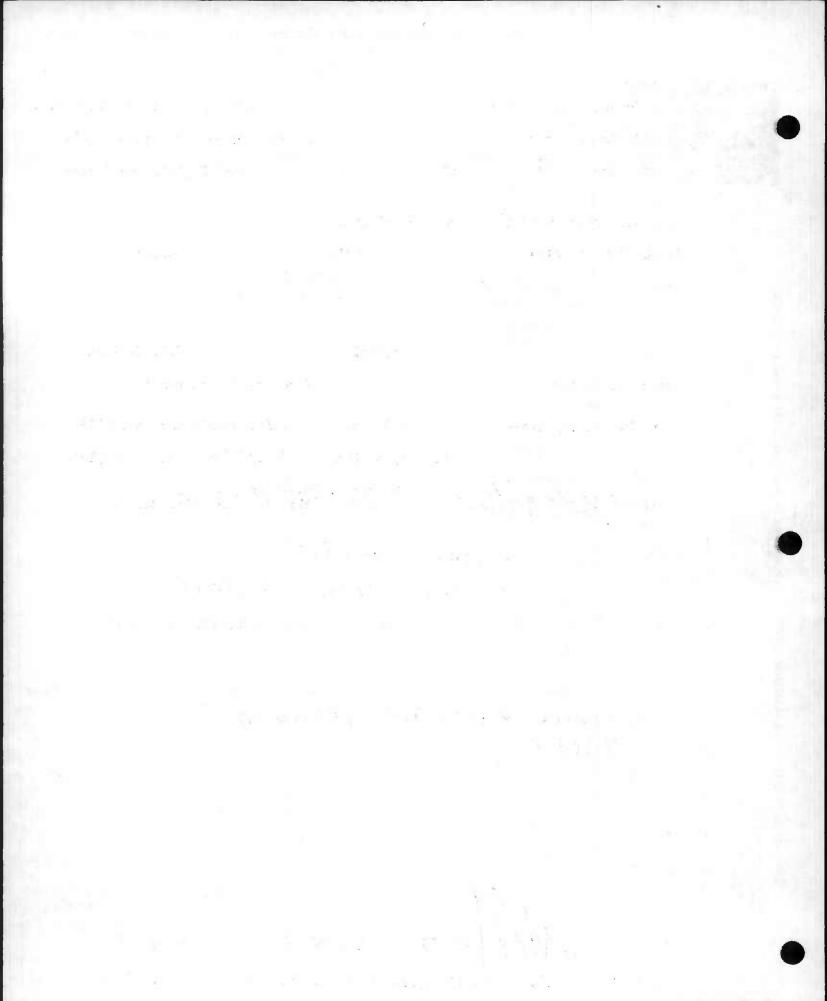
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Certificate of			Reg. No.	05243	
П	Physic	ian	1. Decedent's Neme (First, Middle, La Rose M.					2. Dete of De Month	Dey Y	3. Time of Death	
N	/Medi	cal	4a. Facility Neme (If not institution, give	Mamman	0		4b. City, Town, or Lo	Java		98 10:19 am	
	Examiı	ner	2906 Viceroy Ave				Forestvil	le.	Prince	George's	
	Funeral Director		5. Sociel Security Number 579-01-7239 Usual Residence of Decedent	Sex 7. Ag □ M 2015 89	e (In yrs. lest birtho Yn	Months Devs	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De June 1	y, Year) 1908 W	a Birthplace (State or Foreign Country) a Shington, D.(
	show design	_	10a. Stete 10b. County		10c. City, Town o	or Location				10d. Inside City Limits	
	Sa-f	Sct 0	Maryland Prince (George's	Forestv					Yes 2□No	
	23a or 2	Funeral Director	10e. Street end Number 2906 Viceroy Ave			10f. Zip Code 20747			10g. Citizen of Wh USA	et Country?	
21215-0020	be filed within 72 hours efter death with the Menylend tal Hyglene. d other than "natural", or items 23a or 28a-f show event, tre Medical Examiner must be notified at	by	11. Meritei Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decedent Armed Forces? 1 Yes 2 Y If Yes, Give Year or Dates:		13. Was Decedent of I If Yes, specify Cub 1 ☐ Yes 2 ☐ No		ecify Yes or No Rican, etc.)		American Indien, White, etc. White	
5-0	s 1 and 2 should be filed within 72 hc I Heelth and Mental Hyglene. Item 27 is marked other than "natur other traumatic event, its Medical	Completed	15. Decedent's Education (Specify only highest gra	ducation	16e. D	ecedent's Usuel Occup	petion	na	16b. Kind of Busi	ness/Industry	
12	vithin nen	age .	Elementery/Secondary (0-12)	College (1-4or 5	+)	Give kind of work done fe. DO NOT use retire	d)	ng	At Home		
N	filed with Hygiene. ther ther	S	8th		Но	ousewife					
and	Mental Parked ot	Be	17. Fether's Name (First, Middle, Last, Giovanni DiBart				A 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ne (First, Middle, Meiden Sumeme) a Manganaro			
Maryland	2 should be filed withli end Mental Hygiene. Is marked other than aumatic event, the M	P	Giovanni DiBart 19e. Informent's Name/Relationship (10h N	lailing Address (Street			7: 0:4:1		
2	end 2 seeth en n 27 is		Frances McConnell,			11 Lacona S					
e,	s 1 end if Heelth tem 27 other tr		20e. Method of Disposition			isposition (Neme of cremetory or other ple		Dete Dete	ty or Town, State		
baltimore,	permit. Peges 1 end Department of Heelth Important: If Item 27 any Injury or other tr 2000g.	1 M Burial 2 Cremetion 3 Removel from Stete 4 Donation 5 Other (Specify) 21. Signeture Funeral Service Licensee 22. Name and Address					ery 2/2/98	Suitland, Md.			
Da	permit. Departr Importa any Inja	21. Signeture Funeral Service Licensee 22. Name end Address of Fecility George P. Kalas F 6160 Oxon Hill Rd									
i.							Hill Rd.	Oxon H	rest. Md.	20745 Approximete fnterval Between	
	Physician /Medical Examiner	ner	Immediete Cause (Finel disease or condition resulting in death)	e. Car	castin Due to or es e cor	e Leart	farlur	e		Onset end Death Zireels	
oc.	icate be executed physician end s the buriel-transit	I Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events	b							
0x 68/60,	n certificate I anding physic use as the b	//Medical	thet initieted events resulting in death) Lest	d							
7.O. DOX	res that the death cert igned by the ettending be deteched for use	Physiclan/N	Pert fi. Other significent conditione c	ontributing to death bu	t not resulting In th	e underlying cause giv	ven in Pert f.			ibute to the cause of death?	
	s that he	by P						10	Yes 2□No 3	☐ Probably 4 ☐ Unknown	
or vital necords,	been should	Completed t							en eutopsy rmed?	24b. Were autopsy findings evelleble prior to completion of cause of death?	
		S						101	es 2 🗓 No	1 ☐ Yes 2 ☐ No	
110	Physician: The this certificate rai director, pag	Be	25. Was case referred to medical exeminer?	Manada I		La.	26. Plece of Deeth		-		
5	shys ai di	1 Yes 2/XNo 1 Inpatient 2 ER/Outpatient 3 DOA VIIIei 4 Nursir							lence 6 Other	(Specify)	
	on (fter	For	1 ☐Natural 5 ☐ Pending	28a. Dete of Injur (Month, Dey	Year) 28b. Tim Inju	ry Wo	yet k? Yes 2 □ No	28d. Describe i	ow Injury occurred		
DIVISION	deat deat ctor: y the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined		ry - At home, ferm, . (Specify)	, street, factory, office		28f. Location (S City or Tox	Street end Number m, Stete)	or Rural Route Number,	
	Hospita 4 hours Funeral tely fille	edical	29a. Certifier (Check only one) 15 Certifying Ph 2 Medical Exam	ysician: To the best o liner: On the basis of end menner ste	examination end/o	eath occurred et the tir r Investigation, In my o	me, dete end pleca, e pinion, deeth occurre	end due to the e	ceuse(s) end menn dete end plece, and	er es steted. I due to the cause(s)	
	To the Comple	M	29b. Signeture end title of certifier William	letzer	•	29c. Licens	e number		29d. Date signed (i	Month, Dey, Yeer) 20, 1998	
	6)		30. Neme and eddress of person who william J. Oetger				Clinton, M	ld. 207		0	
	Sta Registr		31. Dete filed (Month, Dey, Year) FFB 02 198	32. Pegistra	r's Signeture	fall					



State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	Re	g. No.	0 05244					
г	Physici	an	Decedent's Name (First, Middle, Late					2. Dete of Deeth Month	Dev Yeer						
	/Medi		Joseph J.	Misiur											
t	Examir	ner	4e. Fecility Neme (If not Institution, given 11810 Hickory Dr.				4b.City,Town,orLo Fort Washi	ington		of Deeth e George's					
	Funeral Director		214-30-4020	7. Age (In yr.		thdey) If Under 1 Year Months Days	if Under 24 Hrs. Hours Min.	8. Dete of Birth (Month, Day Dec . 27	,1952 N	9. Birthplace (Stete or Foreign Country) New Jersey					
	and		Usuel Residence of Decedent 10e. State 10b. County	10c. C	ity. Tow	n or Location				10d. Inside City Limits					
	Maryl 1 sho	0	Maryland Prince (Washington				1 ☐ Yes 2 ☑ No					
	r 28a	rec	10e. Street end Number	scorge B 1	01.0	10f. Zip Code		10	g. Citizen of V	Whet Country?					
	th with	al D	11810 Hickory Dr	ive		20744			U.S.A.						
21215-0020	should be filed within 72 hours after death with the Maryland of Mentel Hygiene. marked other than "natural", or items 23s or 28s-1 show imatic event, the Medical Evantice must be inclined at	by Funeral Director	11. Maritel Status 1. Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever In Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:	U,S.	13. Wes Decadent of H If Yes, specify Cubo		ecify Yes or No- Rican, etc.)	Bled	e - American Indien, ck, White, etc. White					
5-0	72 hc	eted	15. Decedent's Ed (Specify only highest gra	lucation de completed)	16a.	Decedent's Usual Occup	etlon during most of worki	ina 1	6b. Kind of Bu	usiness/industry					
121	vithin ne. han	Completed by	Elementary/Secondary (0-12)	College (1-4or 5+)	F	(Give kind of work done life. DO NOT use retired	d)		U.S. Capitol						
d 2	Hygie Hygie ther t		17. Fether's Neme (First, Middle, Last)		E	lectrician	18 Mother's Name	/First Middle N							
Maryland	d 2 should be filed th and Mentel Hyg 7 is marked other traumatic event,	o Be	Henry M. Misiur					Mother's Name (<i>First, Middle, Maiden Surname</i>) eronica W. Kondracki							
ary	2 shoul and Mis is marf	2	19e. fnforment's Name/Reletionship (7	Type, Print)	19b	. Malling Address (Street	end Number or Rura	Il Route Number,	City or Town,	Stete, Zip Code)					
Z	alth ar alth ar 27 is		Henry M. Misiur/	Father											
ore	of He of He litem		20e. Method of Disposition	20b.	cemeter	1810 Hickory Disposition (Neme of ry, cremetory or other plea	Ca)								
im	Peg ment ant: If ury o		1 Durial 2 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	S S	t. M	ary's Pisca	tawayCem.2	2/3/98 Clinton, Maryland							
Baltimore,	permit. Peges 1 and 2 s Department of Health ar Important: If itsm 27 is any injury or other trau once.		21. Signature of Funeral Service Licenses 22. Name end Address of Fecility George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745												
			23a. Part1. Enter the downso, or comp shock, or heart in the List only	plications that caused the dea	ath. Do i	6160 Oxon	Hill Rd.	Oxon Hi	11, Md.	Approximete					
	Physician									Intervel Between Onset end Deeth					
и	/Medical		Immediate Ceuse (Final disease or condition	1000	100	- ADDI	5								
	Examiner		resulting in death)	e. C/1/(*) Due to	(or es e	consequence of):		_							
-	p ti	Examiner		6-											
	and I-tran	хап	Sequentially list conditions, if env. leeding to immediate	Due to	(or es e	consequence of):			-						
,60	be ed ician burie														
68760,	rificate be executed g physician and as the buriel-transit	Physician/Medical													
Box		I/W		d											
m	The law requires that the death cer ste has been signed by the ettendir page 2 should be detached for use	icla	Part II. Other significant conditions co	ontributing to death but not re	sultina Ir	the underlying cause give	ven in Part f	23h Did tol	hacco use cor	ntribute to the cause of death?					
P.0.	v requires that the de been signed by the s should be detached	hy				, ,				3 Probably 4 Unknown					
	es the	by	CIMONI	c 0135TA	AC.	Loc. pu	Mon M	17							
ord	sen s een s	Completed	91561	(6				24a. Wes er perform		24b. Were eutopsy findings eveileble prior to					
Sec.	law lesb e2sl	npie	/ / / /	, ,					77	completion of cause of death?					
<u>=</u>	: The law cete hes i	S						1 □ Ye	s 2 No	1 ☐ Yes 2 ☑ No					
Z.	Physician: The rhis certificate rai director, pag	Be	25. Was case referred to medicel examiner?	Hospitel:		trationt 3D DOA Oth	28. Plece of Death								
of	Phys rai di	. To	1 Yes 2 No 27. Manner of Deeth	1 Li Inpatient 2L	_	Ipatient 3L DOA	4 Li Nursing Hor	ne 5\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
Division of Vital Records,	Attanding or death. actor: After by the fune	tion	1 Naturel 5 ☐ Pending 2 ☐ Accident Investigation	28e. Date of Injury (Month, Dey Year)		njury Wor	rk?` Yes 2 □ No	EGG. Describe no	w injury cooun						
IS	dean ctor: y the	fica	3 Suicide 6 Could not be		nome, fa			28f. Location (Str	eet end Numb	er or Rural Route Number,					
ă	afte afte d in t	Certification:	4 Homicide	building, etc. (Spec	ify)			City or Town,	, Stete)						
	To the Hospital or Attanding Physician: The within 45 hours and each death. To the Function Director: After this certificet completely filled in by the funeral director, possible the state of the following the following section of the following section.	edicai (29e. Certifier (Check only one) Certifying Phy	/sician: To the period finy kn iner: On the course of examin	owledge ation and	, deeth occurred et the tin d/or Investigation, in my o	ne, date and place, a plnion, death occurre	and due to the ce ed et the time, de	use(s) end ma ite end plece, i	nner es steted. end due to the cause(s)					
	of the complete	Me	29b. Signeture end title of certifier	1/1/1		29c. Licens	e number	29	d. Dete signe	d (Month, Dey, Year)					
			A/	VI/ 1 1.M	7	DZI	833		2.2	78					
1	10/		30. Name and address of person who o												
			Aly M. Sabet, M			ston Rd.#209	9, Ft. Was	shington	, Md. 2	20744					
	Sta Registr		31. Date filed (Month, Dey, Year)	32. Registrer's Sign	ature	2.10									
	Registr	dl	FEB 02 19	B JEUR ATEUR	work	atten.									



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ype or Print in Black Indelible Ink. Assure A	II Copies Are L	egible.	
State of Maryland / Department of Health and I	Mental Hygiene	98 (15245
Certificate of Death	Reg. No.		
	2. Deta of Death	Maria	3. Tima of Daa

Physician /Medical **Examiner**

Funeral Director

> 10a. Stata Director

1. Decedant's Nema (First, Middla, Last)

the Maryland r than "natural", or Items 23s or 28s-f show the Medical Examiner must be notified at I Hygiana.

Funeral Completed by Be

death with Pages 1 and 2 should be filed within 72 hours after of Health and Mental Hygia item 27 is marked other t r other traumatic event, in marked other permit. Pages 1 and 2: Department of Health as Important: If item 27 is any injury or other traughter.

21215-0020

Baltimore, Maryland

Physician /Medical **Examiner**

or Attending Physician: The law requires that the death certificate be axecuted for use as the bunal-transit Division of Vital Records, P.O. Box 68760. been signed by the attending physiclan should be detached for use as the buria director, paga 2 should After this certificate

To the Hospital or Attendil within 24 hours after death.

To the Funeral Director: A completely filled in by the fu death In by

Be

2

Medical Certification:

JAN. 27, 1998 Yaer 8:00 AM EUNICE C. MOORE 4a. Fecility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death NATIONAL LUTHERAN HOME ROCKVILLE MONTGOMERY CO. If Under 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Dey, Yaar)

JULY 10, 1918

9. Birthplace (Stata or Foraign Country)

MARYLAND Months 1 M 25F 212-05-1701 79 Yrs. Usuel Rasidanca of Decedant 10b. County 10c. City, Town or Location 10d. fnsida City Limits S.C. RICHLAND CO. COLUMBIA X Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1806- DEVINE STREET 29201 USA 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 10 No If Yas, Giva Year or Datas: Was Decedant of Hispanic Origin? (Spacify Yas or No If Yas, specify Cuben, Maxican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Black, Whita, atc. 11. Maritai Status 1 Nevar Marriad 2 Marriad 1 ☐ Yas 2X No Specify: Specify: WHITE 3 Wildowad 4 Wivorcad 15. Decedent's Education 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry (Spacify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) DETECTIVE POLICE WORK 12 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) JOSEPH S. SHEEHAN VIOLA M. BUECHERT 2 19e. Informant's Name/Raiationship (Typa, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) REV.DR. REICHARD-EXECUTOR 9701- VEIRS DR., ROCKVILLE, MD. 20850 20e. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, crametory or other placa) 20c. Location - City or Town, Stata 1 ☐ Buriai 2X Cremetion 3 ☐ Removel from Stata METROPOLITAN CREMATORY-1/28- ALEXANDRIA, VA. 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signetura of Funeral Ser 22. Nama and Addrass of Facility HYSONG CO., INC. hat caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, on each line. 23a. Part1. Entar tha disaesa, o shock, or haart failura. Lin Approximate Intervel Between Onsat and Death Immadiete Causa (Final disaasa or condition rasulting in deeth) Due to (or as a consequanca of): Examiner (erosis terio sc Sequentielly list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initieted avants rasulting in death) Last Due to (or as a consequence of) Physician/Medical Dua to (or as a consequence of): Part fl. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? Completed by 24a. Was en eutopsy

per Leusion 25. Wes casa rafaired to medical axaminar? Hospital: 1 Inpatlant 2 ER/Outpatient 3 DOA 2 No 1 Yas

28a. Deta of Injury (Month, Day Year)

1 Yes 2 No 3 Probably 4 Unknown 24b. Wara eutopsy findings available prior to complation of cause of daeth? 1 Yas 2 No 1 TYas 2 TNo 28. Placa of Death (Check only ona) Othar: 4 Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) 28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a, Cartifian

27. Mennar of Deeth

Neturel

2 Accident

3 ☐ Suicide

4 Homicide

Dentifying Phyelcien: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner es stated.

Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner states.

28c. Injury at Work?

29b. Signature and title of cer

5 Pending Invastigation

6 Could not be determined

29c. Licansa numbar

1 Yas 2 No

29d. Deta signed (Month, Day, Year)

31. Dete filed (Month, Day, Yaar)

03 19

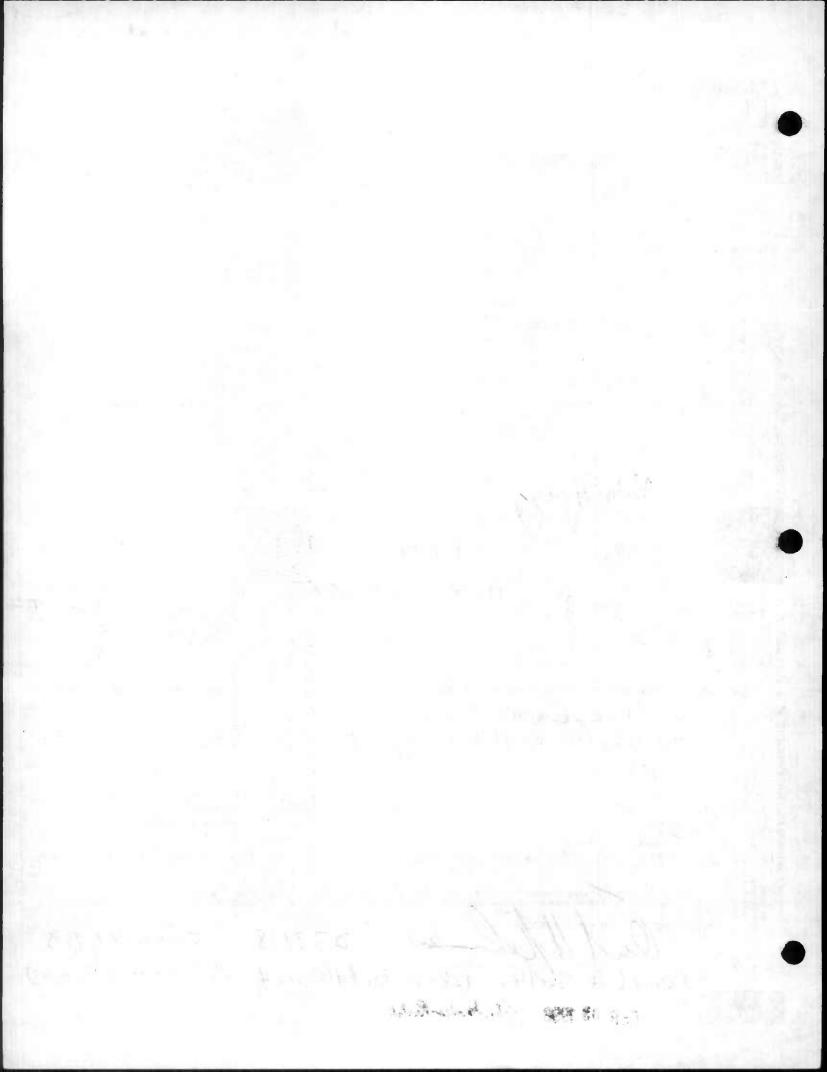
32. Registrar's Signature

causa of death (Item 23a) (Type, Print)

28b. Time of

28a. Placa of Injury - At home, farm, streat, factory, office building, etc. (Spacify)

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are-Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death #20b 2/6/98 ELM

1. Decedent's Name (First, Middle, Last) **PGCHD** 2. Date of Death Day 30,1998 **Physician** Martin Month :44a.m uaene anuary /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death If Under 24 Hrs.
Hours Min.
March 7, 23 Examiner Maryland 6. Sex Georges If Under 1 Yaar last birthday) n yrs. 9. Birthplace (Stete or Foreign Months Days XXM 2□F Yrs. Carolina Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d, Inside City Limits MD Prince Georges Temple Hills XX Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3502 - 23rd Parkway 20748 United States America Funeral 12. Was Decedant Ever in U,S. Armed Forces? 1 ½ Yes 2 □ No. If Yes, Give Year or Dates: Was Dacedent of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Biack, White, etc. 1 Never Married 2 Married 1 ☐ Yes XX No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest of reda completed) Elementery/Secondery (0-12) 12th Coltege (1-4or 5+) Engineer Federal Government 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Meiden Sumeme) Be Robert L. Martin Lillie M. Down 19a. informent's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Steta, Zip Code) 3502 - 23rd Parkway, Temple Hills, MD. Mary C. Martin - Wife 20b. Place of Disposition (Nema of cametery, cremetory, or other place) 20a. Method of Disposition 20c. Location - City or Town, State 2/9/98 Buriai 2 Cremation 3 DRemoval from State 5 Other (Specify) Maryland National Veteran Cemetery Cheltenham, MD. 22. Nama and Address of Facility Robert O. Freeman Funeral Svc, Inc. 1601 Kenilworth Avenue, N.E.; WDC 20019 alications that caused the death. Do not enter tha moda of dying, such as cardiac or respiratory arrest, cause on each line. Approximate Intervat Betw Onsat and Death Immediate Cause (Finai KESPIRATORY disease or condition resulting in death) Examiner ARCINOMA 04 Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was en autopsy parformad? 1 ☐ Yes 200NO 25. Wes case referred to medicat 26. Place of Death (Check only ona) 1□ Yes 2□ No Other: 4 ☐ Nursing Homa 5 ☐ Rasidenca 6 ☐ Other (Specify) 1 I Impatient 2 □ ER/Outpatlent 3 □ DOA 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturai 5 Pending Investigation

physician and the buriel-transit P.O. Box 68760, The law requires that the deeth certificate be ettending p the signed by t Records, been signature certificate Division of Vital

Funeral

Director

show

7 is marked other than "natural", or items 23s or 28s-f shov traumatic event, the Medical Examiner must be notified at

"natural",

permit. Peges 1 end 2 should be filed within 7. Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "na any injury or other traumatic event, me Meas once.

Physician /Medical

Examiner

the Marylend

72 hours efter

filed within 7 Hygiene.

Baltimore, Maryland 21215-0020

Physician/Medical by Completed Be Certification: To

Medical

2 Accident 3 Suicide

4 Homicide

29a. Certifier

cate hes. To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: Affer this cartifica completely filled in by the funeral director, to

> State Registrar

29b. Signature and title of certifier

6 Could not be

29c. License number

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated.

1 Yes 2 No

29d. Dete signed (Month, Dey, Year)

Landover MD 20785

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

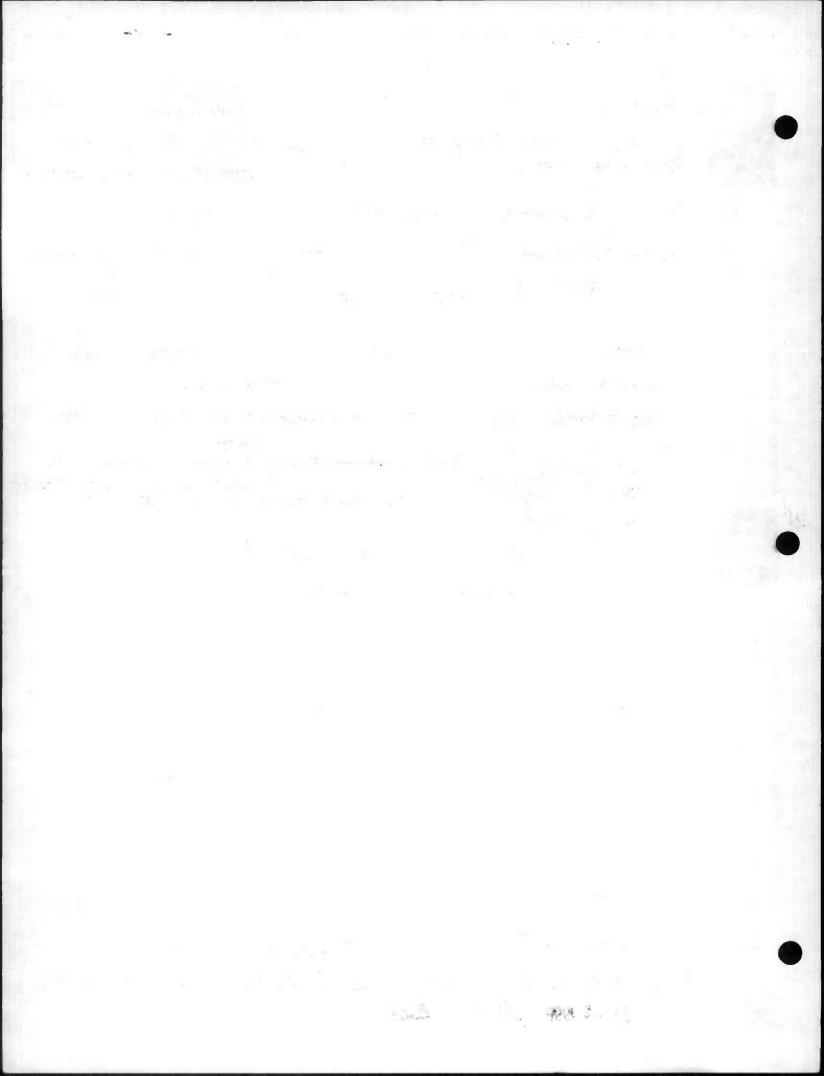
30 Neme and address of person npleted cause of death (Item 23e) (Type, Print)

#602

31. Data filed (Month, Dey, Yeer) 03 1998

32 Registrar's Signature

Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)



			State of Maryland / Department of Certific.	ent of	Health and Mental H	9					
	Physic /Medi Examii	cal	1. Decedant's Nama (First, Middle, Last) OSEPH C. MAUNEY 4e. Fecility Neme (If not institution, giva street end number)		2. Data of Month JAN 4b. City, Town, or Location of De	UARY 29	Year 04:32 PM of Death				
	Funeral Director			der 1 Yes hs Day	FORT WASHINGTO IF If Under 24 Hrs. 8. Data of Month, 1/8/:	Pag. No. Death Day Pear JAP 998 At County of Death A C. County of Death N (ANCE GERGES Birth Day, Year) Day, Year) Pear Jod. Insida City Limits Tay Yes 2□ No 10g. Citizen of What Country? USA No. 14. Race - American Indian, Bleck, Whita, atc. Specify: Black 16b. Kind of Business/Industry Government Ja, Maidan Sumama) Genber, City or Town, Stete, Zip Coda) Ton MD 20744 20c. Location - City or Town, State Triangle VA Mason Funeral Home DC 20020					
	ter death with the Maryland items 23a or 28s-1 show the must be notified at	Director	10a. State 10b. County 10c. City, Town or Location MD PG Ft Washingto 10e. Street and Number 10f.				4c. County of Death (PLNCE GEORGES 9. Birthplace (State or Foreign Country) NC 10d. Insida City Limits 1				
	ns 23a or	Funeral Dir	9710 Rider Court		7 4 4		USA				
aryland 2	within 72 hours efter death with the Maryland iene. than "naturel", or items 23a or 28s-f show the Medical Examiner must be notified at	by	1 □ Navar Married 2 □ Married 1 □ Yas 2 □ No If Yas, Giva 1 □ Yas Yeer or Detes:	s 2 N			ck, Whita, atc.				
		Completed	College (1-40r 5+)		upation a during most of working red)						
	be filed htal Hygi d other event, i	To Be Co	Be	5th Mechanic 17. Father's Nema (First, Middla, Last) Alfred J. Mauney	: Eng	18. Mothar's Name (First, Mid	dla, Maidan Suman				
	2 sh end is m		•	ess (Stra	Mary Youn et and Number or Rural Routa Nu		Stete, Zip Coda)				
Baltimore, A	Heel Heel tem 2 other		Debora Kay O'Neal 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donetion 5 Other (Specify) 9710 Rid 20b. Place of Disposition (cematary, cramatory) Quantico Na	or othar p		20c. Location -	City or Town, State				
Balt	permit. Pages Department of Important: If I any injury or once.	1	21. Signature of Emaral Sarvice Licensee 22. Name	and Add	rass of Fecility Robert G Hope Rd SE Was	. Mason F	uneral Home				
	Physician /Medical Examiner		23a. Part Entar the disaasa, or complications that caused tha daath. Do not anter the n shock, or heart feiture. List only one ceuse on aach lina. Immediata Ceuse (Final disaasa or condition rasulting in death)	noda of dy	ying, such as cerdiac or raspirator	y arrast,	Approximata Intarvai Batween				
	nsit	Examiner	Due to (or as a consequence of b.								
68760,	cete be executed physician and the burial-transit	Certification: To Be Completed by Physician/Medical Exan	Sequantially list conditions, if any, leading to Immadiate ceuse. Enter Underlying Cause (Disease or injury that initiated events rasulting in death) Last Due to (or as a consequence of the consequence								
Box 6	death certificate be to ettanding physical for use as the be		by Physician/M	Physician/M	Physician/M	Physician/M	d			·	
P.0.	that the ded by the datacher						Pert II. Other significant conditions contributing to death but not resulting in the underlying	g ceusa g		fd tobacco use cor	ntribute to the cause of death?
Records,	e law requiras t has been signe je 2 should be						es en eutopsy erformed?	24b. Were eutopsy findings evallable prior to completion of ceuse of daath?			
=	Peg at		25. Wes cesa referred to medicei		26. Place of Deeth (Chack on	□ Yas 2 No	1 ☐ Yes 2 ☐ No				
Division of V	Ing Phys I. After this Iuneral di		27. Menper of Death 1 Natural 5 Panding (Month, Day Year) 2 Accident invastigation 28a. Deta of injury (Month, Day Year) 1 Natural 5 Panding invastigation	28c. Inj	ther: 4 Nursing Homa 5						
DIV	Hospital or Attend 24 hours after death Funerel Director: / staby filled in by the it		4 Homicida datarminad 25a. Place of Injury - At noma, farm, straat, fact building, atc. (Specify)		City or	Town, Stata)	er or Rurel Routa Number,				
	To the Hospital or At- within 24 hours after of To the Funerel Direct completaly filled in by	Medical	(Check only one) 20 Medical Examiner: On the basis of exemination and/or invastigate and mannar stated.	ion, In my	tima, date and place, end due to to opinion, death occurrad et the time on the time of time of tim	ne, dete end place,	nnar as stated. and dua to tha cause(s) d (Month, Day, Year)				
(30. Name and address of person who completed cause of death (Item 23a) (Type, Print)	. (D 33954 L DRIVE, CHE						
	Sta Registr		MARIO F. GOLUE JR MO 300 HOS 31. Data filad (Month, Dey, Yaar) FEB 04. 1998 Jah. Sturbur Review R	PITA	u DRIVE, CHE	VERLY, M	ARYLAND 2078!				
	1.09.011	Ţ.,	LD 0 2. 1930 Just with the Medial								

DHMH 16 Rev 6/95

of Vital Records, Physicien: The law requires the	s, P.O. Box 68760, sthat the death certificate be assecuted	/M	Baltimore,	6 - H	₽ # 3	121 Aithin	5-0020 72 hours after death with the Marylend	with the Ma	D				3
carificate has been sign rector, pege 2 should be	ined by the ettending physician and e detached for use as the burial-transit	ysician Medical aminer	Depertment of important: If it any injury or conce.	of Health er I itam 27 ia r other trau	nd Mental Hygis marked other matic event,	jiene. r than °natu the Mod cal	iene. r than "natural", or items 23a or 28a-f ehow the Modical Examinet must be notified at	3a or 28a-f e	Director	Examir Funeral	Physical /Media		
e Completed b	by Physiclan/Medical Examiner				To Be C	Completed	by Funeral	I Director		ier	cal		
25. Was case referred to medical	Sequentially list conditions, if eny, laading to Immediate cause. Entar Undarlying Ceusa (Disaase or Injury that Initiatad evants resulting in death) Lest Pert II. Other significant conditions	23a. Pert1. Enter the disease, or constant shock, or heart feiture. List of Immediate Ceuse (Final disease or condition resulting in daath)	4 □ Donetion 5 □ Other (Spe 21. Signature)of Funerel Service Li	19a. Informent's Neme/Ralationshi SHARON DOZIER / 20e. Method of Disposition 153 Burial 2 Cremetion 3	17. Fether's Neme (First, Middle, Law WILLIAM MATTHEW	15. Decedent's (Specify only highest Elementary/Secondary (0-12) 11	11. Maritai Status 1 ☐ Never Merried 2 ☒ Marrie 3 ☐ Widowed 4 ☐ Divorced	MD PRINCE 10e. Street end Number 8511 CORONA ST	577-42-7119 Usuat Rasidence of Decedent 10a. Stete 10b. County	8511 (HAROLD 4e. Facility Name (If not institution,	Decedent's Neme (First, Middle,	Pleas
	c	omplications that caused the course on each line.	ecify)	DAUGHTER	*	Education grade completed) College (1-4or 5+)	12. Was Decadent Ev Armed Forces? d 1 ☑ Yes 2 ☐ No If Yas, Give Yeer or Detes:	GEORGES		CARONA 5. Sex 7. Age (EDWARD	Last)	Se Type or Print State of Mar
	ue to (or es e co		MD VET	85	,			FOREST	0c. City, Town	(In yrs. lest birtl) MA		yland / D
	onsequence of)	RTERIO	22. Name a ALEXA			Decedent's Us (Give kind of w life. DO NOT NGINEER	13. Wes Deck If Yes, sp	VILLE N 101. Z 207	rs. Months		TTHE	Certifica	epartme
	:	de of dying, such es card	METERY-CHEL MDER S. POP MARLBORO PIK	os (Street end Number or DNA ST FORES ome of other place)		uel Occupation ork done during most of u use retired)	adent of Hispenic Origin? ecify Cuben, Mexican, Pu 2 X No Specify:	ip Code	Deys Hours M	FORESTV		te of Death	nt of Health and
24e. Wes en perform		liac or respiretory erre	E FUNERAL	TVILLE MD	Neme (First, Middle, M	working	(Specify Yes or No- erto Rican, etc.)	1	in. (Month, Dey, APRIL 24	Irs. 8. Dete of Birth	Month FERRUS or Location of Deeth	2. Dete of Deet	•
es 2 🗆 Xo	becco use cont es 2□ No	est,	HOME	20747	Meiden Sumeme	16b. Kind of Bus		0g. Citizen of W	4,1932	PRINCE	Dey	eg. No.	-
24b. Were eutopsy findings aveilable prior to completion of cause of daath? 1 □ Yas 2 □ No	iribute to the cause of death?	Approximate Interval Between Onset end Deeth	CHELTENHAM MD	Stata, Zip Coda) City or Town, Stete)	GOVERNMENT	- American Indien, , White, etc. BLACK	1 ¼ Yes 2 □ No	NORTH CAROLINA 10d. Inside City Limits	9. Birthplece (State or Foreign Country)	Yeer 01;20	3. Time of Death	n 5 2 1, 9

To the Hospital or Attending P within 24 hours after death.

To the Funeral Director: After I completely filled in by the funer. Division

Medical Certification

2 Accidant

4 Homictda

29a. Certifiar (Check only

State Registrar 1 Certifying Physician: To the bast of my knowledge, daeth occurred at the time, date end plece, end due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end plece, end due to the cause(s) and manner stated.

28a. Piaca of injury - At home, ferm, streat, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29b. Signature 29c. License number 29d. Date signed (Month, Dey, Year)

30. Nema end eddress of person who completed cause of death (Item 23a) (Type, Print)

MARJO F. GOLVE JR MD, 360 HOSPITAL PRIVE, MARYLAND, 20785

31. Dete filled (Month, Day, Year)

39. Registrer's Signeture

MARIO F. GOLVE 31. Dete filed (Month, Day, Year) FFB 04.1998

6 Could not be datarmined

and and and

State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 10:10 AM **Physician** 31, 1998 MACWAN JANUARY EMANUAL /Medical 4e. Fecility Neme (If not institution, give street and number, 4b. City, Town, or Location of Deeth 4c. County of Death Examiner LAUREL PRINCE GEORGES REGIONAL HOSPITAL LAUREL If Under 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** Jan. 30,1931 1**2** M 2□ F 67 Yrs. none Director India Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show treumstic event, the Medical Examiner must be notified at 1X Yes 2□No Director Md. BeiTsuille 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 20705 11814 Ellington Dr. India Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Year or Detes: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. pemit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Haalith and Martal Hydiana. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Madical Examina 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Asian Indian þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) India GOUT, ATTORNEY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Macwan Ratilal Macwan 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) n) 11814 Ellington Dr. BelTsuille, wd. 20705

20b. Place of Disposition (Name of cemetery, crematory or other place)

Dete

20c. Location - City or Town, Stete Snehavadan Macwan (Son) 20a. Method of Disposition 20c. Location - City or Town, Stete Burial 2 Cremetion 3 Removel from State Gate of Heaven Cometey 2/7/98 Silver Spring, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility Chambers Funeral Home, P.A. 5801 Cleveland Ave. Riverdale, md. 20737 Chamler 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final AKTERIOSCUEROTIC CARDIOVASCULAR DISEASE diseese or condition resulting in deeth) Examiner Due to (or es a consequence of) Examiner attanding physician and for usa as the burial-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): Box 68760, Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ASTHMA Division of Vital Records, p 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 25. Wes cese referred to medical exeminer? 26. Piece of Death (Check only one) exeminer? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 3 DOA 1 Inpatient 2 ER/Outpetient 28e. Dete of injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury et Work? Certification: 28d. Describe how injury occurred Mospital or Attending F 24 hours after death. Funeral Director: After 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 29a. Certifier (Check only one) edical 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. To the To the I 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) DIME JANUARY 31, 1998 pleted ceuse of death (Item 23a) (Type, Print) MARIO + JR MD 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 GOLLE 32 Registrer's Signature 31. Dete filed (Month, Day, Year) State Registrar

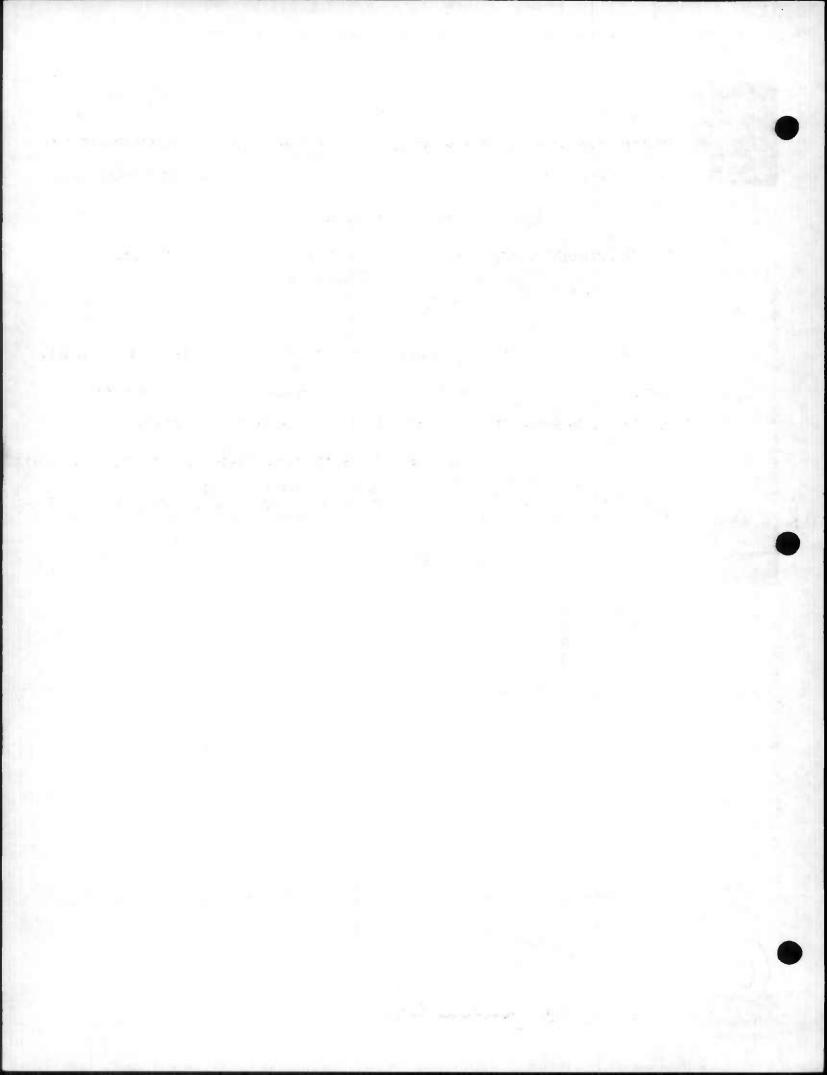
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Examine		ta. Facility Nama (If not institution, g FREDERICK MEMOR					4b. City, Town, or FREDERIC	CK	- 110		COUNTY
Funeral Director		5. Social Security Number 6 578-16-658+ Usual Residence of Decedent	.Sex 7. 1 ☐ M 2 X F	Age (In yrs.	lest birthday). Yrs.	If Under 1 Yaar Months Days	If Under 24 Hrs. Hours Min.	(Month, De	y, Year)		lace (Stete or Fo try) [NGTON,
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or 28a-f s be notified	Direct	MARYLAND FREDER 10e. Street and Number	ICK COUNTY	Z IJ	AMSVIL	10f. Zip Code			10g. Citizen of V	Vhai Coun	
al', or items 234 Exercitor mant	by runeral	3036 AVERLEY ROA 11. Marital Status 1X Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decede	es? ⊠ No	Н	21754 Vas Decedent of H Yes, specify Cuba	tispanic Origin? (S an, Mexicen, Puert Specify:	pecify Yas or No o Ricen, etc.)		e - Amaric k, Whita,	an Indian,
the Medical	Danibleted	15. Decedent's (Spacify only highest of Elementary/Secondary (0-12) 1 2		or 5+)	(Give	ent's Usual Occup kind of work done OO NOT use retired	during most of wor d)	rking	16b. Kind of Bu INTERNA ASSOCIA	TION	
A C C C C C C C C C C C C C C C C C C C		17. Father's Name (First, Middle, La ANTONIO MAIATICO					18. Mother's Nar	ne (First, Middle)	, Meiden Sumerr	10)	
h end	-	19a. Informant's Name/Relationship MARY MAIATICO, S	(Type, Print)			-	end Number or Ru ROAD, IJ	rel Route Numb			Code) 21754
or other tr		20a. Method of Disposition 1 ⊠ Burial 2 ☐ Cremation 3	☐Ramoval from Sta	ale (Place of Disporcametary, cran	sition (Neme of natory or other ple	ca)	Date	20c. Location -	City or To	wn, Stata
Department of Himportant: If ite any Injury or ot once.		4 □ Donation 5 □ Other (Special Servica Llo		FO	22 F(MARYLANI
ysician Medical caminer lieutus pue us pue br>pue us pue us pue us pue us pue us pue us pue us pue us pue us p		Immediate Cause (Final disease or condition resulting In deeth)		ENTIF	or as a conseq		VIA			1	DAY ZYRS
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een signed by the attending hould be deteched for use enteched for use enteched for use enteched by Physician/Mesterian	Jaiore	Part II. Other significant conditions	contributing to deat	h but not res	sulting In the ur	derlying ceuse giv	ven in Part I.	23b. Did	tobecco use co	ntribute to	the cause of d
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rector Be		25. Was case referred to medical examiner? 1 □ Yes 2 ¼ No	Hospitel:		1500	Ott	26. Place of Dea			- 40 - 16	
After the funeral funeral		27. Manner of Death 150 Netural 5 Pending 2 Accident investigat	- T		28b. Time of injury	28c. Injui	4 🗆 Ivuising r		dence 6 Oth		n
within 24 hours efter death. To the Funeral Director: After to completely filled in by the funeral Medical Certification:		3 ☐ Suicide 6 ☐ Could not determine	28e. Place of building,	Injury - AI h etc. (Specil	ome, farm, stre	eel, factory, office		28f. Location (City or To	Street end Numb wn, Stete)	er or Rura	l Route Number,
n 24 houne he Fune pletely fil	5	29a. Certifier 1 Certifying I (Check only one) 2 Medical Ex	Physician: To the be aminer: On the basis and manner	s of examina	owledge, death ation and/or inv	occurred at the tir astigation, in my c	me, dete end piace opinion, daath occu	, and dua to the irred at tha tima,	cause(s) end me data and piace,	anner es si and dua to	tated. tha cause(s)
Toth		29b. Signature and tilla of certifier	usll	M		29c. Licens	47611		29d. Date signe	d (Month,	Dey, Yeer)
		30. Name and address of person who NEIL WARAYON		of death (Iter	n 23a) (Type, I	A	FARARY	cic Mi	نجان د	20	
State Registrar		31. Date filed (Month, Dey, Yeer)	/4.	strar's Signa	ature on Rayla	,					

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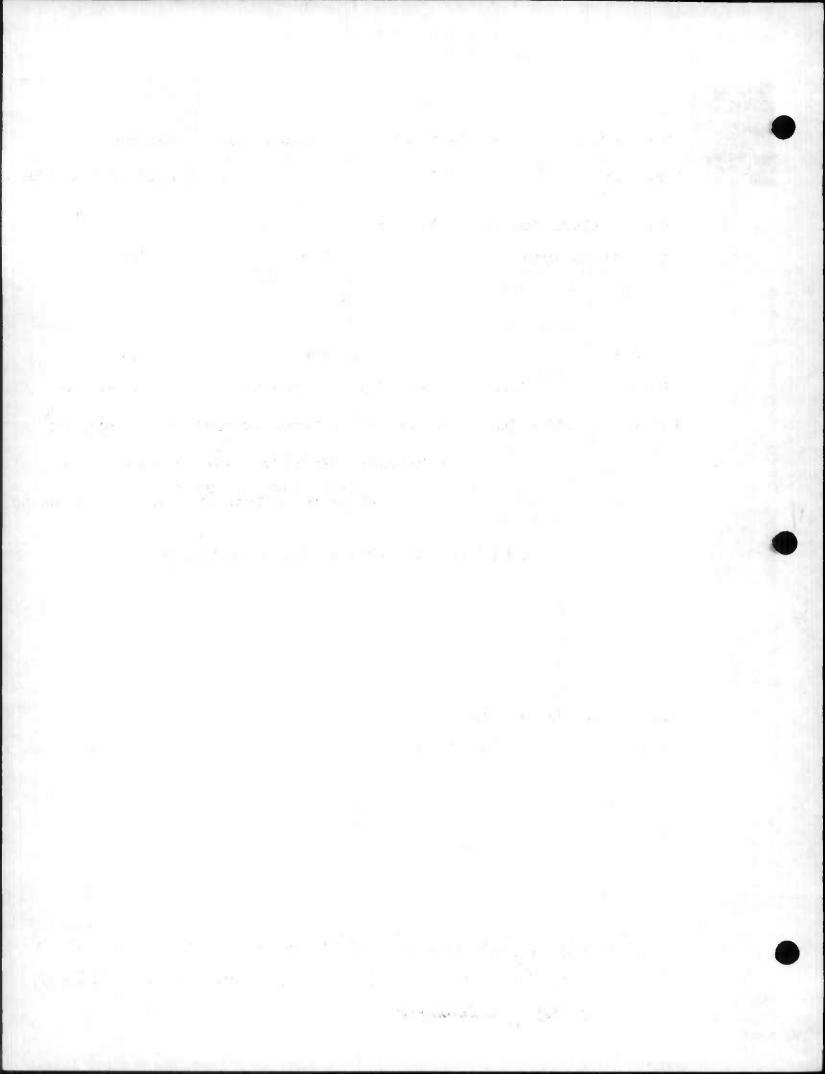
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al			6. Sex 1) 2 M 2 □ F		s. last birthday) Yrs.	Months Days		Vin. (Month, D	Dey, Year)	Birthplaca (State or For Country)
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by Funeral Director	1	0e. Street end Number				10f. Zip Code			10g. Citizen of	What Country?
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** 9:00 LITCHELL FEBRUARY 03 1998 /Medical 4b. Cify, Town, or Location of Deeth 4c. County of Deeth 4e. Facility Name (If not institution, give street end number) Examiner WASHINGTON ADVENTIST HOSPITAL TAKOMA PARK MONTGOMERY CO. If Under 1 Yeer If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** 1**№** M 2□ F Months Deys Hours **Director** 12-23-1925ALTOONA, PENN 578-30-7981 Usual Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Heelth and Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, it a Medical Exerciser matter notified. 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo PRINCE GEORGES HYATTSVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? U.S.A. 6500 RIGGS ROAD 20783 Funeral 12. Wes Decedent Ever in U,S Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 11. Merital Stetus 1 Never Merried 2 Married 1X Yes 2 □ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12th PAINTER 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be **ARTHUR** LEE MITCHELL LOUISE BROOKS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code). 19a. Informant's Neme/Reletionship (Type, Print) GLORIA MITCHELL - DAUGHTER 1715 8th STREET, NW #203 WASHINGTON, DC 20b. Method of Disposition (Name of Date 20c. Location - City or Town, State 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) Date 2-1 DBurial 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) MD VETERANS CEMETERY 10-98 CHELTENHAM, MD 21. Signeture of Johnstel Service License 22. Name end Address of Fecility HOME TAYLOR'S FUNERAL 1722 NORTH CAPITOL ST., NW WASHINGTON, DC 23a. Pert1. Enter the disease, or complications the seased the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause of much line. Approximete intervel Between Onset end Deeth **Physician** /Medical Immediate Cause (Final ANTEMON CLENOTIC CANDOVARCULAR DUESTE diseese or condition resulting in death) Examiner Due to (or es e consequence of) Examiner death certificate be executed physician end the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 88 use for signed by the e Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown Jeizure Disonder Completed by 24b. Were eutopsy findings avelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? rerestal in farction pege 2 s 1 Yes 2 No 1 Tyes 2 No certificate or Attending Physician: 25. Wes cese referred to medical exeminer? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 | Inpatient 2 | ER/Outpatient 3 | DOA Certification: To After this funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 1 Naturel 5 Pending efter death. 1 ☐ Yes 2 ☐ No Investigation NIA 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 24 hours e Hospital 29a. Certifier 1 Certifying Phyetclan: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as stated. Medical pletely (Check only one) 2 Medical Examiner: On the besis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. To the To the To the Complet 29c. License number 29d. Date signed (Month, Dey, Year)
DO 1852 FEBLUARY 3, 1998 29b. Signature end title of certifier 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) VORE MD 4203 QUEENSAURY Rd Hysthuille MD 20781 31. Dete filed (Month, Day, Year) 32 Registrar's Signeture State 05 1998 Registrar FEB

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

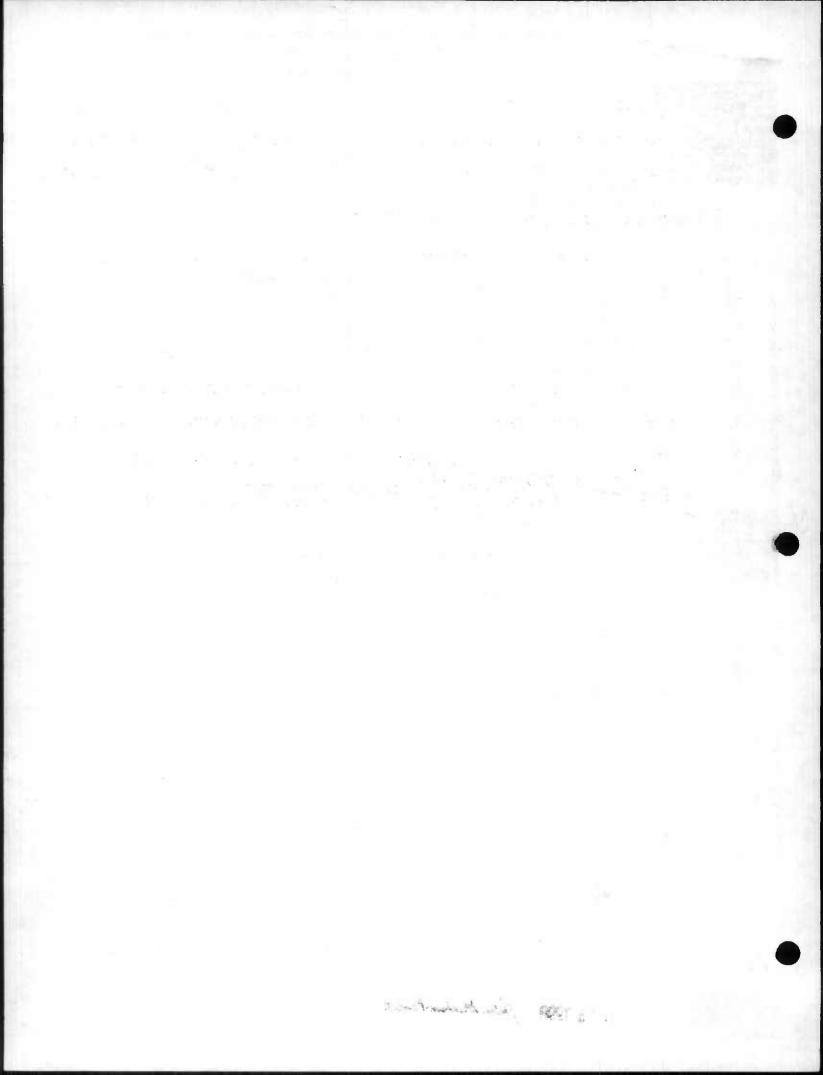
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** LINDELL NELSON JANUARY 9:27 PM 31, 1998 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner PRINCE GEORGES GENERAL HOSPITAL PRINCE GEORGES CHEVERLY 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. Dete of Birth (Month, Dey, Year) 12-21-49 6 Sev 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign **Funeral** 1₩ 2□ F Months Deys Hours Min SOUTH CAROL. Yrs. 48 Director 578-68-2975 Usuel Residence of Decadent the Maryland 10a State 10h Counts 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1√Yes 2□No Director PRINCE GEORGES LANDOVER HILLS MARYLAND 10e. Street end Number 10f. Zin Code 10g. Citizen of Whet Country? ŏ Items 23a 7804 OLD ARDWICK-ARDMORE ROAD 20747 UNITED STATES Funeral 12. Wes Decedent Ever In U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 11. Maritel Status filed within 72 hours after a Hygiene. Ither than "natural", or Iter 1 ☐ Yes 2 ☑ No If Yes, Give XX Yeer or Dates: 1 ☑ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 BLACK 1 ☐ Yes 2 X No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12TH BUS DRIVER PRIVATE Department Pages 1 and 2 should be file.

Department of health and Mantel Hygic Important if fee 27 is marked any Injury or other to the page. 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be A. CARRAWAY JOHN LUCILLE NELSON CARRAWAY 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 7804 OLD ARDWICK-ARDMORE ROAD, LANDOVER HILLS, MD CARRAWAY/Sister 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, cremetory or other plece) 20c. Location - City or Town, Stete to Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) HARMONY MEMORIAL PARK CEM. 02-05-98 LANDOVER, MD 21. Signature of Funeral Service Licentee 22. Name end Address of Fecility DUDLEY FUNERAL HOME 3200 RHODE ISLAND AVE., MT. RAINIER, luard EDWARD M. DUDLEY 20712 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, or heart feilure. List only one cause on each line. Approximete intervel Between Onset end Deeth Physician Dilated Carolio my a pathy /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Due to (or es e consequence of): gestive Heart Failure. Examiner Congestive physician and s the buriel-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that inliteted events resulting in deeth) Last Due to (or es e consequence of) P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown bengis d be det Records, þ 24b. Were eutopsy findings eveileble prior fo completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 1 🗆 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours efter death. 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) edicai Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☑ ER/Outpatient 3 ☐ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred After 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident Director: d in by the 3 Suicide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the best of exeminetion end/or investigation, in my opinion, death occurred et the time, dete end place, end due to the cause(s) end manner steted. 29a. Certifier 29b. Signeture end fitle of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 046520 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) GERARD HARRIS, M.D., CENTRAL AVE., SUITE #224, MITCHELLVILLE, MARYLAND 31. Dete filed (Month, Dey, Yeer) 32 Registre 's Signeture State 05 1998 Registrar

DHMH 16 Rev 6/95

FEB



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death NKWORKA Month CECILIA OOKM 31 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth SHADY GROVE ADVENTIST HOSPITAL ROCKUILLE MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1□ M 2₩ F 79 Yrs. 220-17-9666 JUNE 26 1918 NIGERIA Usuel Residence of Dacedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Ves 2 □ No MONTGOMERY GAITHERBURG 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 873 CLOPPER ROAD APT.#1 20879 NIGERIA 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - Amaricen Indian, Bleck, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced BLACK 15. Decedent's Education 16a. Dacedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 16b. Kind of Business/Industry (Specify only highest grade completed) Elamantary/Secondary (0-12) 6TH Collega (1-4or 5+) OWNER OF RESTAURANT SELF EMPLOYED 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) UNKNOWN EZEKWE IINKNOWN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Numbar, City or Town, State, Zip Code) CECILA NWANKWO-GRANDDUAGHTER 19612 FRAMINGHAM DRIVE, GAITHERBUR, MD 20879 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other place) 20c. Locetion - City or Town, State 1 XBurial 2 Cremation 3 Ramoval from State FAMILY CEMETERY FEB 17 98 NIGERIA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funaral Service Licensee W. H. BACON FUNERAL HOME INC. Sacor 276 3447 14TH STREET, NW WASHINGTON, D.C. 20010 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one cause on each lina. Onset end Death PNEUMONIA Immediete Ceuse (Finel disease or condition rasulting in death) month Sequantially list conditions, if any, leading to immadiate causa. Entar Underlying Cause (Disease or injury that initieted events resulting In daath) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown MELLITUS DIABETES 24b. Ware autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed?

Physiclan /Medical Examiner

physician

After this certificate

Hospital 24 hours 8 Within 24 hours e

To the

The lew requires that the death certificata be asscuted

Box 68760,

P.O.

Records,

Division of Vital

permit. Page Depertment of Important: If any Injury or

Physician

/Medical

Examiner

10a. State

Director

Funeral

Completed by

Be

Funeral

Director

an "natural", or items 23a or 28a-f show Wedical Examiner must be notified at

Pages 1 end 2 should be filed within 72 hours after nent of Health end Mental Hygiene.
Int: If Item 27 is marked other than "natural", or ite ury or other traumatic event, the Madical Examina

the Maryland

with death

21215-0020

Baltimore, Maryland

Physician/Medical Examiner for use es the bunal-transit septal or Attanding Physician: The hours efter death.

Ineral Director: After this certificate y filled in by the funeral director, pa

þ Completed Be 2 Certification:

Medical

2 No 26. Placa of Deeth (Check only ona)

1 ☐ Yes 2 No

25.	was cese		to medical
	examiner?		
	1 Yes	2 No	

27, Manner of Daath 1 Natural 5 Panding Investigation 2 Accident

28a. Date of Injury (Month, Day Year) 6 Could not be determined

1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of Injury - At homa, ferm, street, factory, office building, atc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury at Work?

1 ☐ Yes 2 ☐ No

28d. Describe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifian (Check only

3 Suicide

4 - Homicida

Medical Examinar: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

[Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signatura end little of cept

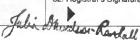
29c. License number

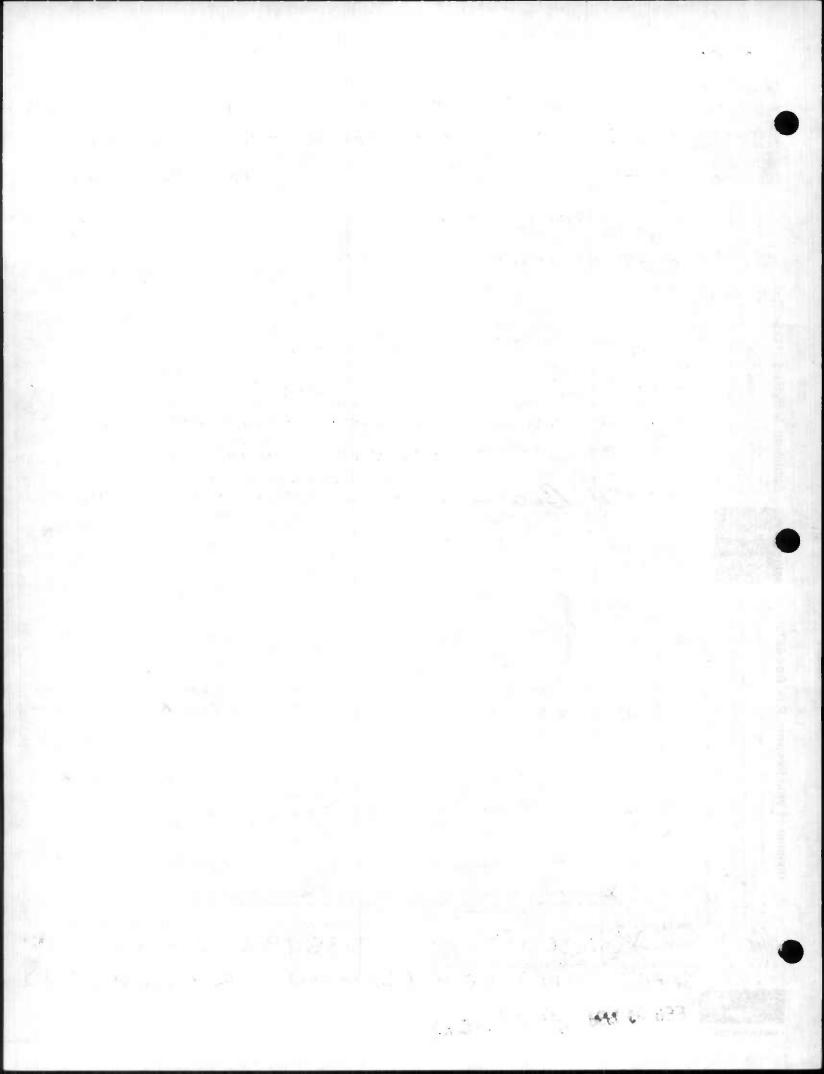
29d. Date signed (Month, Dey, Year)

who completed cause of death (Itam 23a) (Type, Print)

50 W. EDMONSTON DR. ROCKVILLE, MD 20852 SWAROOP 31. Date filed (Month, Day, Year) 32. Registrar's Signature

State Registrar





DHMH 16 Rev 6/95

1. Decedent's Neme (First, Middle, Last)

Physician 1:30pm ZNIAR) kendine urner 02 /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Washinaton Trank Wash naton MD

If Under 24 Hrs. 8 Date of Birth
S Hours Min. (Month, Day, Y Georges tosputal Prince tort If Under 1 Year Months Deys 9. Birthplace (State or Foreign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) **Funeral** 1 □ M 2 0 F 251 62 0506 Sep SC Vrs Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is married other than "natural", or items 23s or 28s-f show any injury or other traumatic avant, the Medical Exam not must be putified and. 10e. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits SC Sumter Wedgefield 1 Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 29168 Box USA Rte 295 Funeral 14. Race - American Indian, Bleck, White, etc. 12. Was Decedent Ever in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 1 Yes 2 No if Yes, Give Year or Dates: 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No λq Specify: BIACK 3√2 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) HOMO Homemaket 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Elsie Johnson) Ames lurher 19e. Informant'a Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Ft. WASh. MD 20744 7273 Wood Hollow Tern HOGAH Germ 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cametery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removal from State Sumter CO. SC 1F2598 4 ☐ Donation 5 ☐ Other (Specify) Wayman Chapel AKE 21. Signeture of Funeral Service Licensee 22. Neme end Address of Facility GREENE FUNERAL HOME 814 Franklin Street Alexandria, VA 22314 (Dru 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete interval Between Onset end Death Physician 1.23-98. /Medical immediate Cause (Final disease or condition resulting in death) 7.1-98 Examiner Examiner attending physician and for use as the burial-trans Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or es e consequence of) requires that the death certificate be axecu Box 68760. Physician/Medical thet initieted events resulting in death) Lest Due to (or as e consequence of) Division of Vital Records, P.O. page 2 should be detached Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? YELLITUS 1 Yee 2 No 3 Probably 4 Unknown à 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an eutopsy performed? Completed has 1 ☐ Yes 2 ☐ No director, 25. Wes case referred to medical exeminer? Be 26. Placa of Deeth (Check only one) Hospitei: prinpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 this uneral 27 Manner of Deett 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? : After t Certification: 1 Netural 5 Pending investigation 1 ☐ Yes 2 ☐ No death. affor Attandi affordeath Director: A d in by the f 2 ☐ Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 ☐ Suicide Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 ☐ Homicide Hospital c To the Hospital
within 24 hours a
To the Funeral I
completely filled Certifying Phyalcian: To the best of my knowledge, deeth occurred at the time, dete and piece, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete and piace, and due to the cause(s) and menner stated. 29e. Certifier Medical (Check only one) 29c. License number 29b. Signeture and title of certifier 29d. Dete signed (Month, Day, Year) D24064 30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) 6196 OXUN HILL MD ShANHA m with GRON HILLRED 32 Registrar's Signature 31. Dete filed (Month, Day, Year) State 03 133 Registra

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death

2. Dete of Deeth

Month

3. Time of Death

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\$45 °

State of Maryland / Department of Health and Mental Hygiene $_{\mathbb{Q}}$ Certificate of Death 3. Tima of Death 2. Dete of Death 1. Decedent'a Nama (First, Middla, Last) Dey Year **Physician** Ida Marjorie Norman Patchell 1998 February 5, 13:00 /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4a Fecility Nema (If not institution, giva street and number) Examiner Cecil Laurelwood Nursing Center Elkton If Under 1 Year If Undar 24 Hrs. 5. Social Sacurity Numbar 6. Sex 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) **Funeral** 1 M 2 1 F Months Days Hours Min Yrs. 218-03-7450 81 Director June 22, 1916 Maryland Usual Rasidance of Deceden with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturel", or items 23a or 28a-f show traumatic event, the Madical Examiner must be nothed at 1 ¥ Yas 2 □ No Directo Maryland Cecil Charlestown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21914 Funeral 407 Water Street United States death 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaer or Deles: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indien permit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "naturel", or item any injury or other traumatic event, the Medical Exercises and any injury or other traumatic event, the Medical Exercises. Bleck, Whita, atc. 1 Nevar Marriad 2 Married Baltimore, Maryland 21215-0020 1 Yas 2₺ No Specify: Specify: White A 3 N Widowed 4 □ Divorced Completed 16b. Kind of Businass/Industry 15. Decedant's Education 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) (Specify only highast grada complated) Elementery/Secondary (0-12) Collega (1-4or 5+) Homemaker 11 Her own home 18. Mothar's Nama (First, Middle, Maidan Sumama) 17. Fether's Nama (First, Middla, Last) Be To Ida Jeffries John Stephen Norman 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 19a. Informant's Name/Ralationship (Type, Print) 405 Poplar Point Road, Perryville, MD 21903
co of Disposition (Nama of Data 20c. Location - City or Town, State Lynne P. Hudson / Daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20a. Method of Disposition Feb. 6 1 ☐ Burial 2 ☑ Cramation 3 ☐ Ramovel from Stata 4 Donation 5 Other (Specify) 1998 Ferris Crematory West Chester, Penna. 21. Signature M Funeral Service Lice 22. Nama and Addrass of Fecility Crouch Funeral Home 127 South Main Street, North East, MD 21901 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heert feilure. List only one ceuse on each line. Approximate Interval Batween Onset and Death Physician /Medical Immediate Ceusa (Final disaasa or condition rasulting in daeth) COPD BND STAGE Examiner Due to (or es e consequence of) Examiner physician and the burial-transit Sequentially list conditions, if any, laading to Immadiata cause. Enter Undarlying Causa (Diseasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of) Box 68760 Physician/Medical Dua to (or as a consequance of): BS USB the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? P.O. signed by 1 1 168 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings evailebla prior to 24a. Was an autopsy Completed peen completion of causa of daath? page 2 has 1 Yas 2 PNo 1 TYes 2 No certificate Division of Vital Physician: funerel director, 25. Was casa refarred to madical axaminar? Be 26. Placa of Daath (Chack only ona) Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA this 28a. Data of fnjury (Month, Day Year) 27. Manner of Death 28d. Describe how Injury occurred 28b. Tima of 28c. Injury et Work? Certification: Hospital or Attending 5 Panding investigation 1 Naturel after death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28e. Place of fnjury - At homa, farm, straat, fectory, office building, atc. (Specify) 4 Homicida 24 hours e 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the bests of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. edicai 29a. Certifier To the To the Comple 29d. Dete signed (Month, Day, Year) 29c. License number 29b. Signatura end titla of certifiar 2/5/98 D32395

State Registrar

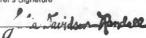
31. Deta filad (Month, Day, Year)

Thomas E. Finucan, M.D.

3 Mauldin Avenue North East, MD 32. Registrer's Signeture

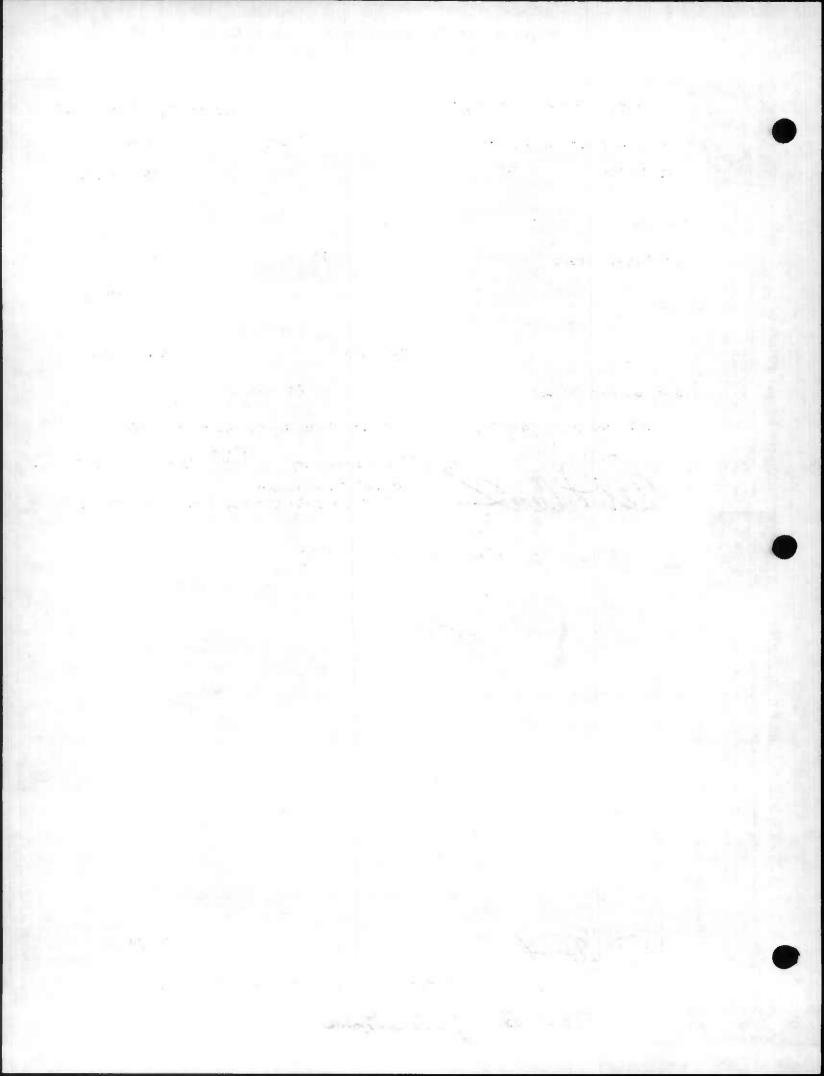
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30. Nama and addrass of parson who complated cause of death (Itam 23a) (Type, Print)

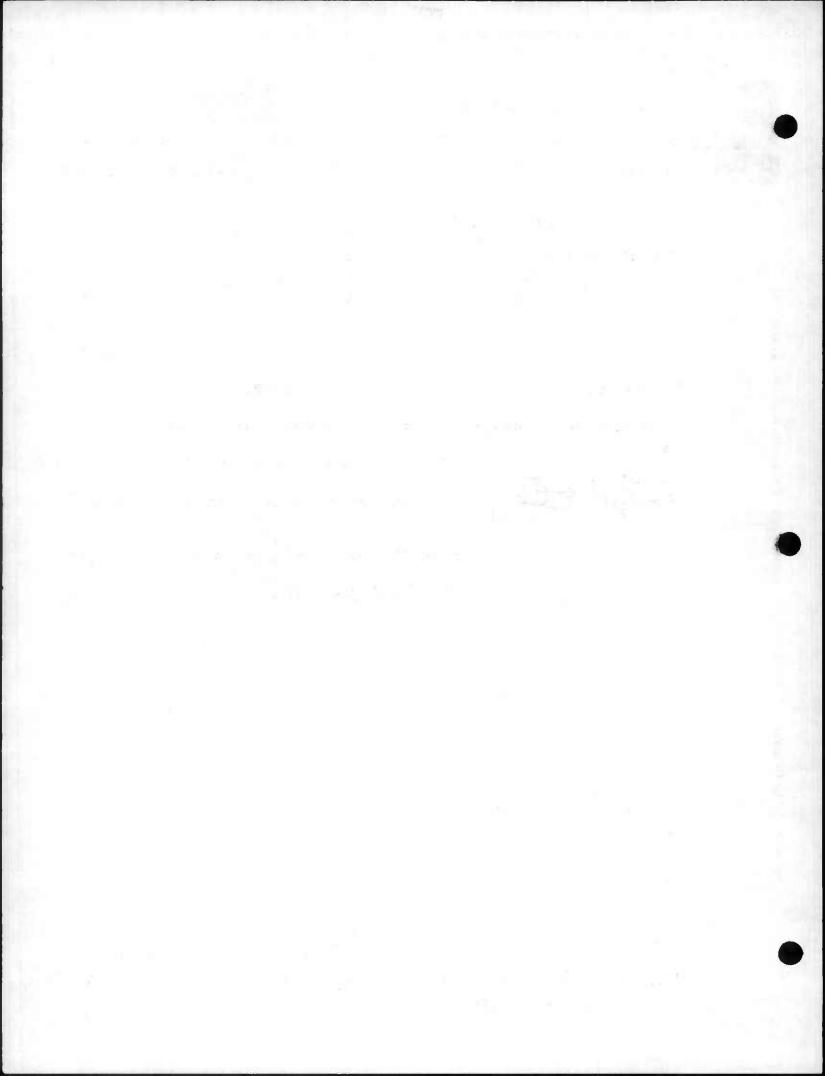


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Baltimore, Maryland 21215-0020	be filed within 72 hours after death with the Marylan ital Hygiene. d other than "natural", or flems 23a or 28s-f ahow event, the Medical Examiner must be nothed as	Completed	15. Decedent's Education (Specify only highest grede completed) Elementary/Secondery (0-12) College (1-4or 5+)					uring most of working			of Business/Industry				
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lan	2 should be and Menta is marked aumatic ev		19a. Informent's Na	ame/Relation	ship (Type, Pi	rint)		19b. Me	elling Address (Street	end Number	or Rurel Ro	oute Number	r, City or Town,	Stete, Zip	Code)
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nor	ages ant of t: if ite y or o		1X Burial 2 4 □ Donetion	☐ Cremation		el from Stat	e C	emetery, c	remetory or other plea	•			20c. Location -		
altii	permit. Pages 1 end 2 should be Department of Health and Menta Important: if Item 27 is marked any injury or other traumatic ev once.		21. Signature of)	Merry	Janu V	Veterans Ceme 22. Neme end Addre		eoruary	y 12, 1	996 Che.	tena	
m	88 5 8		Sor	ul "		2		P	dans Funeral	. Home 2	0605 A	guasco 1	Road Aqua	esco, N	20608 Yarvl <i>a</i> nd
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	icate be executed physician and s the burial-transit	Examiner	Sequentially list conditions, b. Due to (or es e consequence of):									YIV			
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Box	death certifii e ettending p ed for use es	Physician/M			d									-	
o.	0 0 %	ysic	Part II. Other signif	fcant conditi	one contributi	ontributing to death but not resulting in the underlying cause given in Pert f.						23b. Dld to	obacco use co		the cause of death?
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ion	Attending or death. ector: Affel by the fune	atio	1 ⊠Naturel 2 ☐ Accident	5 Pendi	gation	(Month, E	ley Year)	Injury		k? Yes 2⊡No	,				
Division	Hospital or Attending I 24 hours after death. Funeral Director: After stely filled in by the fune	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 ☐ Could determ	not be nined 286		njury - At ho etc. (Specify		street, fectory, offica			Location (St City or Town		er or Rure	Route Number,
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			30. Neme endladdre	ess of person	Rual	ed cause of	deeth (Item	23e) (Typ	e, Print)	row (14	205	FIW	mh	MD 20144
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** E BRUARY 60:05 pm ARU /Medical 4a. Facility Name (If no institution, give street and number) 4b. City, Town, or Location of Death Examiner 5. Social Security Number 9. Birthplace (State or Foreign Country) LOUISIANA MAND If Under 24 Hrs. If Under 1 Year Age (In yrs. last birthday) 8. Date of Birth (Month, Day, **Funeral** 1□ M 2XF Months Days Hours Yrs Director 434-40-1235 72 MAY 5, 1925 Usual Residence of Decedent the Meryland t Oa. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, it a Medical Examiner must be nothing at Director 1 No Yes 2 No MARYLAND CHARLES WALDORF 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10937 BRIDLE PATH CIRCLE 20601 UNITED STATES Funeral 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16e. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education permit. Peges 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If item 27 is marked other than 'na any injury or other traumatic event, if a Monta ones. (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 12TH GRADE DOMESTIC PRIVATE 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) UNKNOWN NELLIE B. PRICE 19a. Informant's Name/Relationship (Type, Pnint) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MARY P. ROSS / DAUGHTER 10937 BRIDLE PATH CIRCLE, WALDORF, MARYLAND 20601 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stale Date Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) ZION BAPTIST CHURCH CEM. 2/14/98 WELCOME, MARYLAND 22. Name and Address of Fecility
THORNTON FUNERAL HOME, P.A.

DIA C. THORNTON JOHNSON M00583 3439 LIVINGSTON ROAD, INDIAN HEAD, MARYLAND 20640

Approximate interval Between 21. Signature of Fundra 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Massive left from paresis & multi-Inforction bemontia Examiner days Due to (or es a consequence of): Examiner Aspiration preumonia & Facel uniffings certificate be executed DOUS physician end sthe burief-trans Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Box 68760. Due to (or as e consequenca of): hemi coledowy Physician/Medicai WKS 4 Hemi gastnectomy E. Coli septicemia WKS P.O. I Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detac 1 Yes 2 No 3 Probably 4 Unknown POOR Gastric Type Emptying Records, þ Be Completed 24a. Wes an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? Type I Diabotes mullitas page 2 s 1 Yes 20 No 1 ☐ Yes 2 ☐ No certificate 25. Wes case referred to medical tal or Attending Physician: The ster death.

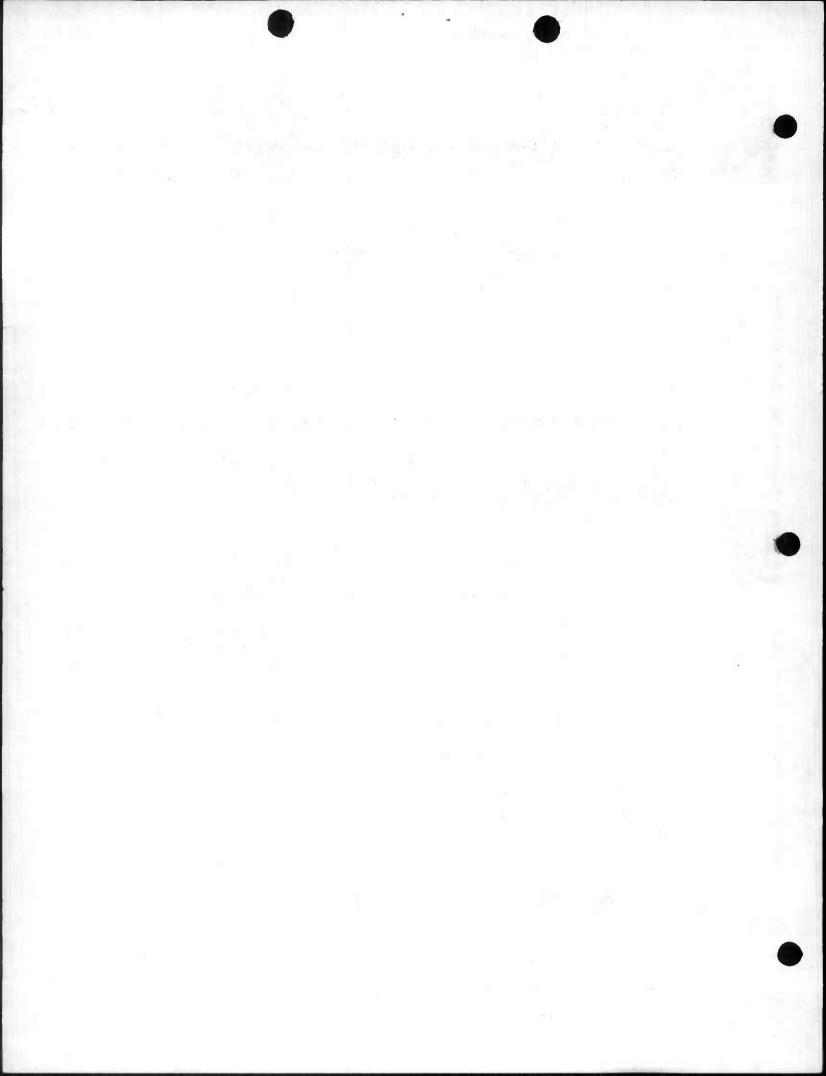
al Director: After this certificate ed in by the funeral director, pa Appertusive condivuoscular dissoci of Vital 4 26. Piace of Death (Check only one) examiner? Hospital: 1 1 Inpatient 2 | ER/Outpatient 3 | DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Division 5 Pending Investigation 1 Netural 1 Yes 2 No 2 Accident 6 ☐ Could not be determined 3 Suicide 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours of To the Funeral Di completely filled in Hospital edicai 29a. Certifier Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and placa, end due to the cause(s) and manner as slated.

2 Medical Examiner: On the basis of examination and/or Investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) 2-9 98 P-12884 PETER W. SLML 31. Date filed (Month, Day, Year) m.D 7900 old Branch ave, clinton, maryland 20135 32. Registrar's Signature State FEB11

DHMH 16 Rev 6/95

Registrar

1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 105259

					ertificate of	Death		g. No.				
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/Med		Helen Elizabet 4a. Facility Neme (If not institution, give	4b. City, Town, or Lo	Feb. 9	4c. County							
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fand ow		Usual Residence of Decedent 10e. State 10b. County		10c. City, Town o	r Location				10d. Inside City Limits			
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or 28	Director	10e. Street end Number			10f. Zip Code		10	g. Citizen of W	het Country?			
ath w		57 Long Creek D			21666			U.S.A.				
UZU ours after de al', or Item Examiner	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decadant Armed Forces? 1 ☐ Yes 2 ☑ If Yes, Give Year or Dates:	No	13. Was Decedent of If Yas, specify Cut	Hispanic Origin? (Spoan, Mexican, Puerto Specify:	ecify Yas or No- Rican, atc.)		- Amarican Indian, K, White, etc. White			
Z1Z15-0020 d within 72 hours after death with the Maryland gielve. rr than natural, or items 23s or 28s-f show the Medical Examinar must be notified at	Completed	15. Decedent's Ed (Spacify only highest gred Elementary/Secondary (0-12)	ucation de completed) College (1-4or 5	3+)	ecedent's Usual Occu ive kind of work done e. DO NOT use retire	petion during most of works ed)	16b. Kind of Busines					
8 C F F	Be Co	17. Father's Nama (First, Middle, Last)		110	Memaker	18. Mother's Name						
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Maryld d2 should th and Mer 7 is marke traumatic		19a. informant's Name/Relationship (T	ype, Print)			t end Number or Rure						
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85=2		12 Burlai 2 □ Cremation 3 □ I 4 □ Donation 5 □ Other (Specify,			sposition (Neme of crematory or other ple	oo) Feb.	,		City or Town, Stata			
DCILITION Demit. Pege Department of important: If any Injury or pnce.		21. Signature of Juneral Service License			22. Name and Addr.	ass of Facility			arnie, Maryl			
Depa Impo any is		Fellows, Helfenbein, & Newnam Funeral Ho										
		23a. Part1. Enter the disaase, or comp shock, or haart feilure. List only o	lications that caused one cause on each it	tha daath. Do not na.	enter the mode of dy	ing, such as cerdiac o	or respiratory arres	st,	Approximate interval Between			
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/Medical Examiner		Immediata Ceuse (Final disaase or condition resulting in death)	е	svear 1	curicer				812.			
BENEVI	Je.			Due to (or es a con	sequence of):							
death certificate be executed eathending physician and of for use es the bunal-trensit	Examiner	Sequentially list conditions,	b	Due to (or es a con	sequence of):							
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Physician: The interpretation of the director, page	10	exeminer? 1 □ Yas 2 No	Hospital: 1 ☐ Inpatie	nt 2 ER/Outpa	tient 3 DOA	her:	ne 5 Residen		r (Specify)			
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fospit 4 hour uners ely fills	edical	29e. Certifier 1 Certifying Physical Exami	alcian: To the best of	of my knowledge, de	eth occurred at the ti	me, date end place, e	end due to the ceu	ise(s) and man	ner as stated. nd due to the ceuse(s)			
To the Hospital or Attending I within 24 hours efter death. To the Funeral Director: After completely filled in by the funeral presents.	Medi	29b. Signatura and title of certifiar	and manner sta	Ned.	00. 1:							
F 1 5 8		Last Signatura and title of certifiar	ul au	2	29c. Licens	9828	290	2/10/	(Month, Day, Year)			
		30) Name and eddress of person who co	ompleted cause of di	eath (Item 23a) (Tur	e Print)	1000	1	-1101	98 15, Md. 21401			
		Stuart E. Selo	NICK	900	Bestrate	Rd, #	300 H	nnapoli	S, Md. 21401			
Sta	te	31. Date filed (Month, Day, Year)	32. Registra	ar's Signature	. 9							

DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Amended Item #17, Per F.D. 2/13/98, Carroll County, wjl Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** Month GERALdiNE PEELING NORMA 4b. City, Town, or Location of Deeth 4c. Country of Deeth 5:10 pm /Medical 4e. Fecility Neme (If not institution, give street end number, **Examiner** GOOD SAMARITAN HOSPITAL BALTIMORE BALTIMORE If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpteca (Stete or Foreign Country) **Funeral** 1 M 20 F 213-74-6436 Yrs. Director 90 JULY 29,1907 MARYLAND Usuet Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show Director HARFORD 1 ☐ Yes 2 No FOREST HILL 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? 1 COLGATE DRIVE 21050 UNITED STATES Funeral 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours effer in and of Health and Mental Hygiene.
Int: If flem 27 is marked other than "natural", or flee inty or other traumatic event, it a Medical Examination or other traumatic event, it a Medical Examination. 1 Never Married 2 Married 1 Yes WNo If Yes, Give Yeer or Dates: 21215-0020 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 XWidowed 4 ☐ Divorced Completed Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER DOMESTIC 11 Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be JOSEPH PEELING ELMER YOUNG ORPHA YOUNG 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) JAMES PEELING JR./SON 12326 HARFORD RD. HYDES, MD 21082 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State ST. BENJAMIN'S (KRIDERS) 2/10/98 WESTMINSTER, MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
MYERS FUNERAL HOME, 91 WILLIS STREET WESTMINSTER, MD 21157 23a. Pert1. Enter the disease, or complications mat caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel PNEUMONIA diseese or condition resulting in death) Examiner Examiner BRONCHIOLITIS OBLITERANS ORGANIZING sician and buriel-transit Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): ANEUMENIA - BOOP. ACUTE RENAL FAILURE Box 68760. Physician/Medical Part It. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ thknown CHRONIC BRONCHIECTASIS Records, by 24b. Were autopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes an eutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Hospital or Attending Physician: Be 25. Wes case referred to medical 26. Plece of Deeth (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? After Division 5 Pending investigation 1 Naturel i Director: Affi od in by the fur 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide within 24 hours e To the Funeral D completely filled

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, and due to the ceuse(s) end menner es steted.

| Medical Exeminar: On the basis of exemination end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end manner stated. 29a. Certifier 29b. Signature end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year)

s of person who completed cause of deeth (Item 23e) (Type, Print)

P-11389

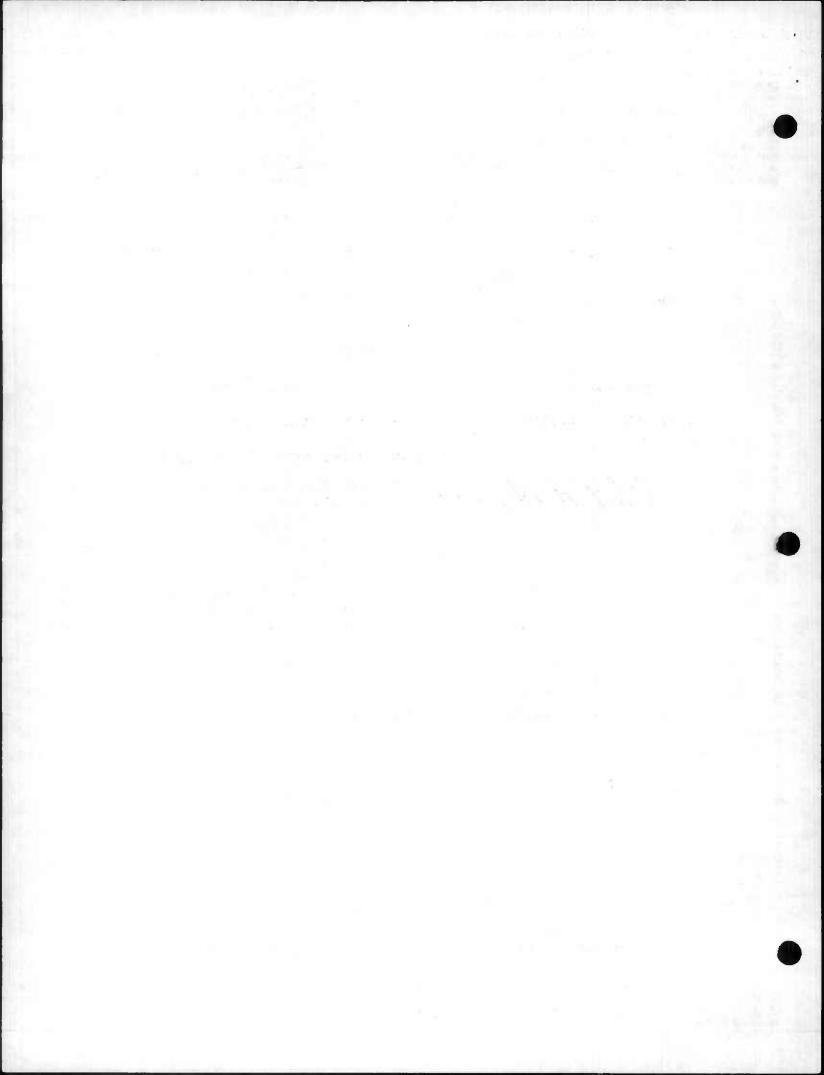
GILBERT ZDGHBI 6935 DONACHIE Rd App G-Baltmon 10 21239 31. Dete filed (Month, Dev. Year)

State Registrar

Medical

32. Bellistrer's Signeture FEB 0 9 1998

To the



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Amended Item #5, Per F.D. 2/10/98, Carroll County, wjl Certificate of Death 1. Decedent'a Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** Feb. 02 1998 6:34 AM Larry E. Pickett /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, giva street and number) Examiner Carroll County General Hospital Carroll Westminster If Undar 1 Yaar | If Undar 24 Hrs. | 8. Data of Birth (Month, Day, Year) 6. Sax 7. Aga (In yrs. last birthday) Birthpleca (Stata or Foraign Country) 216-44-0452 **Funeral** Days Months 150 M 2□ F Yrs. Jan 22, 52 1946 Maryland Director 16-44-0442 Usual Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. insida City Limits ir than "natural", or itema 23a or 28a-f show the Medical Examiner must be notified at 1 Yas 2 No Maryland | Carroll Mount Airy Direct 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Coda 21771 United States 206 E. Church St. Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Bleck, Whita, atc. 11. Marital Status filed within 72 hours after Hygiene. 1 ☐ Yas 2 ☑ No If Yes, Give Yaar or Datas: 1 Navar Married 2 Married Specify: White 1 ☐ Yas 2 ☑ No Specify: g 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highast grada complated) 16a. Dacedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work done during most of working lifa. DO NOT usa retired) Elementery/Secondery (0-12) Collaga (1-4or 5+) Balt. Co. Board Of Ed. 12 Teacher other 18. Mother's Nama (First, Middla, Maiden Surnama) 17. Fathar's Nama (First, Middla, Last) permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If fem ZT is marked oth any liqury or other traumatic even page. Harris G. Pickett Virginia Stoner 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 206 E. Church St. Mount Airy, MD 21771 Marsha W. Pickett (Wife) 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Feb 5,1998 Mount Airy, MD 4 ☐ Donetion 5 ☐ Othar (Spec Prospect Cemetery 21. Signatura of Funaral Sarving 22. Nama and Addrass of Facility Burrier-Queen Funeral Home 1212 W. Old Liberty Winfield, MD 21784 23a. Part1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha moda of dying, such as cardiac or raspiratory arrest, shock, or haart fellura. List only ona ceusa on aach lina. Approximete Intarval Batwaan Onsat and Death **Physician** Immediate Causa (Final disaasa or condition rasulting in daath) /Medical Cardiac Arrest Examiner Dua to (or as e consequence of): Examiner Atrial Fibrilation requires that the death certificate be executed Dua to (or as a consequence of): ettending physician and for use as the bunal-tran Sequantially list conditions, if any, leading to immadiata ceusa. Enter Undarlying Cause (Disaasa or Injury Box 68760. . Myocardial Infarction Physician/Medical that initiated avants Dua to (or as a consequence of) rasulting in daath) Last 88 23b. Did tobacco use contribute to the cause of death? P.O. ed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. signed by ti 1 Yes 2 No 3 Probably 4 Unknown Hypertension of Vital Records. þ 24b. Wara autopsy findings available prior to 24e. Was an autopsy performad? Completed ueeq complation of causa of death? The law page 2 s hes 1 ☐ Yes 2 ②(No 1 ☐ Yes 2 ☐ No certificate Physician: 25. Wes cese referred to medical axeminer? Be 26. Piece of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☑ ER/Outpatient 3 ☐ DOA 0 this funeral 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how Injury occurred 27. Menner of Deeth 28b. Tima of 28c. Injury at Work? Certification: After t 5 Pending 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 ☐ Could not be 28f. Location (Street and Number or Rural Routa Number, City or Town, State)

Division or Attending s efter deau. filled in by To the Hospital within 24 hours of To the Funeral Completely filled

30. Nama and address of person who complated causa of death (Item 23a) (Type, Print)

State

Registra

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3 ☐ Suicida

29e. Cartifian

4 ☐ Homicida

(Check only

29b. Signatura and titla of certifiar

Westminster MD 21157

mo

28e. Place of Injury - At homa, ferm, straat, factory, office building, atc. (Specify)

1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, date end plece, and dua to tha ceusa(s) and manner as stated.

D22663

Medical Examiner: On the besis of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the ceuse(s) and manner stated.

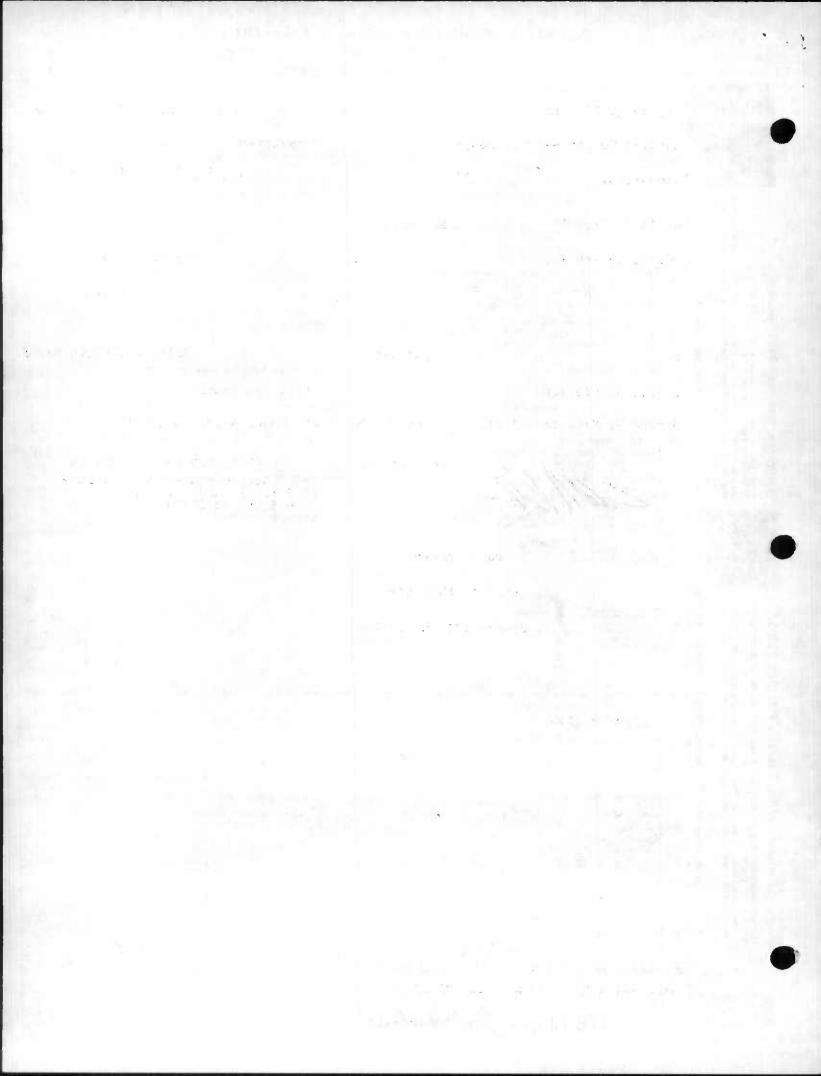
29c. Licansa number

Nagji J. Sureja, M.D.

29d. Data signed (Month, Day, Year)

8

4212 Ridge Rd. 31. Date filed (Month, Day, Year) 32. Registrer's Signature Jali Studeor Radell FEB 0 6 1998



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Pey 1998 **Physician** Month Retha Mae Price January 28, 10:10 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Center Cheverly Prince George's 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** 9. Birthplace (State or Foreign 1 M XXF 59 Yrs. South Carolina 577-46-6381 Director 1938 Usuel Residence of Decedent Pages 1 and 2 should be filed within 72 hours efter death with the Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show event, the Medical Examiner must be notified at XX Yes 2 No Director Mary land Prince George's Capital Heights 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? or items 23s or #11 Whist Place 20743 U.S.A. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 | Yes 2 | 2 | 2 | 3 | 0 | If Yes, Give Yaar or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: B1ack by 3 Widowed 4 □ Divorced natural Completed 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiene. 12th grade tery/Secondery (0-12) College (1-4or 5+) Cook's Helper D.C. Public Schools 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be and Mental I Charlie Anderson Verina Pruitt 2 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 a Department of Health ar Important: If Ihem 27 is any Injury or other treu once. Billie McPherson (Daughter) 6514 Kenova Street Forestville, Maryland 20747 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 □X (urial 2 □ Cremation 3 □ Removal from State National Harmony Memorial Park 2/4/98 4 ☐ Donation 5 ☐ Other (Specify) Hyattsville, Maryland ROllins Funeral Home, Inc. 4339 Hunt Place, N.E. Washington Enter the disease, or complications that caused the death. To not inter the mode of dying, such as cardiac or respiratory arrest, ck, or heart failure. List only one cause on each line. 4339 Hunt Place, N.E. Washington, D.C. Approximate interval Between Onset and Deeth **Physician** Immediate Causa (Final disease or condition resulting in death) ANOXIC ENCEPHALOPATHY /Medical 18 hours Examiner CHRONIC OBSTRUCTIVE PULMONARY DISEASE by Physician/Medical Examiner The law requires that the death certificate be executed ettending physician and for use as the bunal-trans Sequentially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Records, P.O. Box 68760, Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an eutopsy performed? certificate has b lirector, page 2 s 1 Yes 2 No Division of Vital or Attending Physician: director, Be 25. Was case referred to medical examinar? 26. Piece of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) Hospital: 2 1 Yas 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After 5 Pending invastigation after death. 1 Tyes the 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 24 hours a 29e. Certifiar (Check only one) 11 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(s) and manner as steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical completely within 2 To the 29b. Signature and titla of pertifier 29c. License number 29d. Date signed (Month, Day, Yaar) JANUARY 28, 1998 death (item 23a) (Type, Print) MORRYS JUTCOVICH, MD 8201 CORPORATE DRIVE, SUITE 620 LANDOVER, MD 32. Registrar's Signature 31. Date filed (Month, Day, Yeer) State FEB 02 1998

DHMH 16 Rev 6/95

Registrar

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death FLORENCE **Physician** PRUE JANUARY 31 - 11 AM /Medical 4c. County of Death 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth **Examiner** NORTHWEST HOSPITAL RANDALUSTOWN CENTER BALTIMORE If Under 1 Year 5. Social Security Number If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) 6. Sex 7. Age (In yrs. last birthday) **Funeral** 10 M 20 F Deys Hours Months Yrs. 578-44-9712 Director 62 OCT. 24, 1935 WASHINGTON, D.C. Usual Residence of Decedent the Marylend 10a. State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at Director 1 XYes 2 No WASHINGTON, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 238 UNITED STATES AMERICA death 631 INGRAHAM ST. N.W. 20011 items ; 12. Wes Decedent Ever in U,S. Armed Forces?

1 Yes 2 ZNO If Yes, Give 11. Marital Status Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. Peges 1 and 2 should be filed within 72 hours after 1 Never Married 2 Married 100 Maryland 21215-0020 1 Yes 2 No Specify: Specify: by 3 Widowed 4 □ Divorced BLACK Year or Dates: "natural" Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupetion 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) el Hygiene. Elamentary/Sacondary (0-12) Collage (1-4or 5+) 12th GRADE PROCURATOR SPEC. PRIVATE 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Health end Mentel marked JESSE OWENS ELLA GAINES 2 19a. Informant's Name/Relationship (Typa, Print) permit. Peges 1 and 2 sh Department of Health end Important: If item 27 Is m any injury or other traum 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) JEFFERY M. OWENS (SON) 3102 WOODFORD PL. APT. C, BALTIMORE, MD. 21207 Baltimore. 20a. Mathod of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, State 1

Burial 2 □ Cremation 3 □ Removal from State
□ Donation 5 □ Othar (Specify) HARMONY MEM. CEM. JAN. 5, 1998 LANDOVER, MD. 21. Signature of Funerei Service Licensee 22. Name and Address of Facility JOHNSON & JENKINS INC. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one cause on each line. 716 KENNEDY ST. N.W., W.D.C. Approximate Interval Batween Onset and Deeth Physician Immediate Cause (Final diseasa or condition resulting in daath) /Medical CARDIONASUVLAR . ATHEROSCUEROTIL Examiner Examin the death certificate be executed sician end burial-trans Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or es e consequence of) 68760 lan/Medical the Due to (or as a consequence of): Physici signed by the ed Part II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? P.O. 1 Yes 2 No 3 Probably 4 Unknown The law requires that Records. þ Completed 24b. Ware autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death? page 2 2 1 No 1 Yes 1 Yes 2 No Vital 25. Was case refarred to medical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 10 1 Yes 2 No 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA o this funeral 27. Manner of Death Date of Injury (Month, Day Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After Division Attending 1 Natural 5 Panding investigation s efter death.

I Director: Af 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicida 6 Hospital 24 hours 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier mpletely (Check only one) to the 29b. Signature and title of certifier

31. Data filad (Month, Day, Yaar) State FFB 04 1998 Registrar

MICHAEL

30. Name and address of person who completed ca

POTHKIN

NORTHWEST HOSPITAL 32 Registrar's Signatura

sa of death (Item 23a) (Type, Print)

29c. License number

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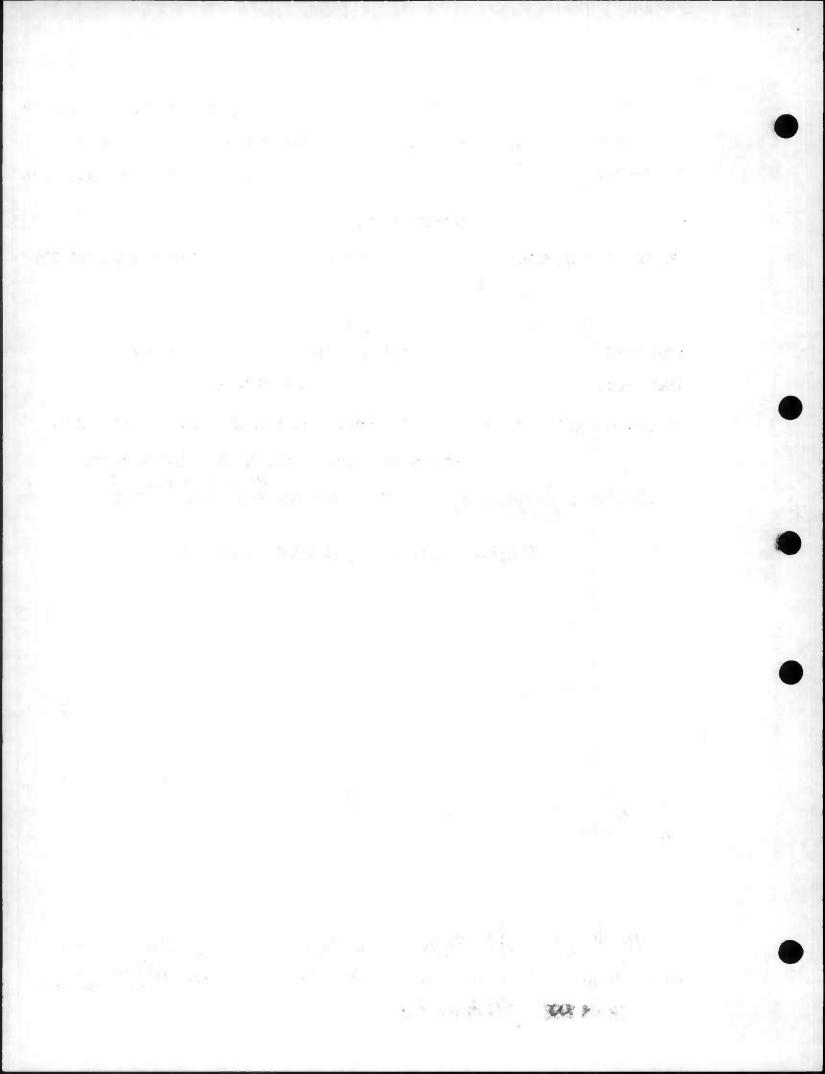
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29d. Dete signed (Month, Day, Year)

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MARYLAND 21133



State of Maryland / Department of Health and Mental Hygiene 98 05264

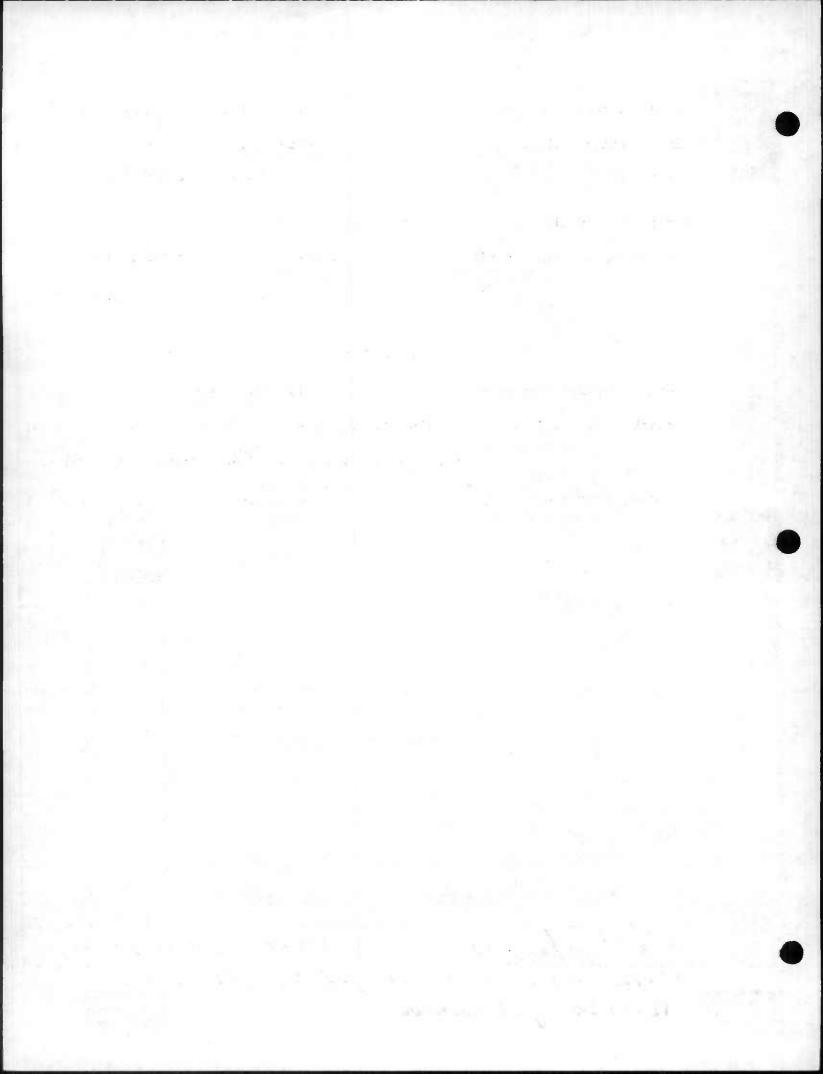
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DHMH 16 Rev 6/95

State Registrar State of Maryland / Department of Health and Mental Hygiene 98 05265

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/ivied Exami		4e. Facility Name (If not Institution, give		<u> </u>			4b. City, Town,	or Location of Deet		County of Deeth	00/17
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Funeral	г	5. Sociel Security Number 6. S		yrs. lest birt	thday)	If Under 1 Yeer	If Under 24 H	rs. 8 Date of Bir	th		place (Stete or Fore
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fler Free	FUT	1 ☐ Never Married 2 ☐ Married	Armed Forces? 1 ☐ Yes 2 ☑ No		if '	Yes, specify Cuba	an, Mexican, Pu	(Specify Yes or No erto Rican, etc.)		Black, White,	
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To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific: complataly filled in by the funeral director,	Me	29b. Signalure and title of cartifier	ond marrier stated.			29c. License	number		29d Data	signed (Month, i	Dov Veerl
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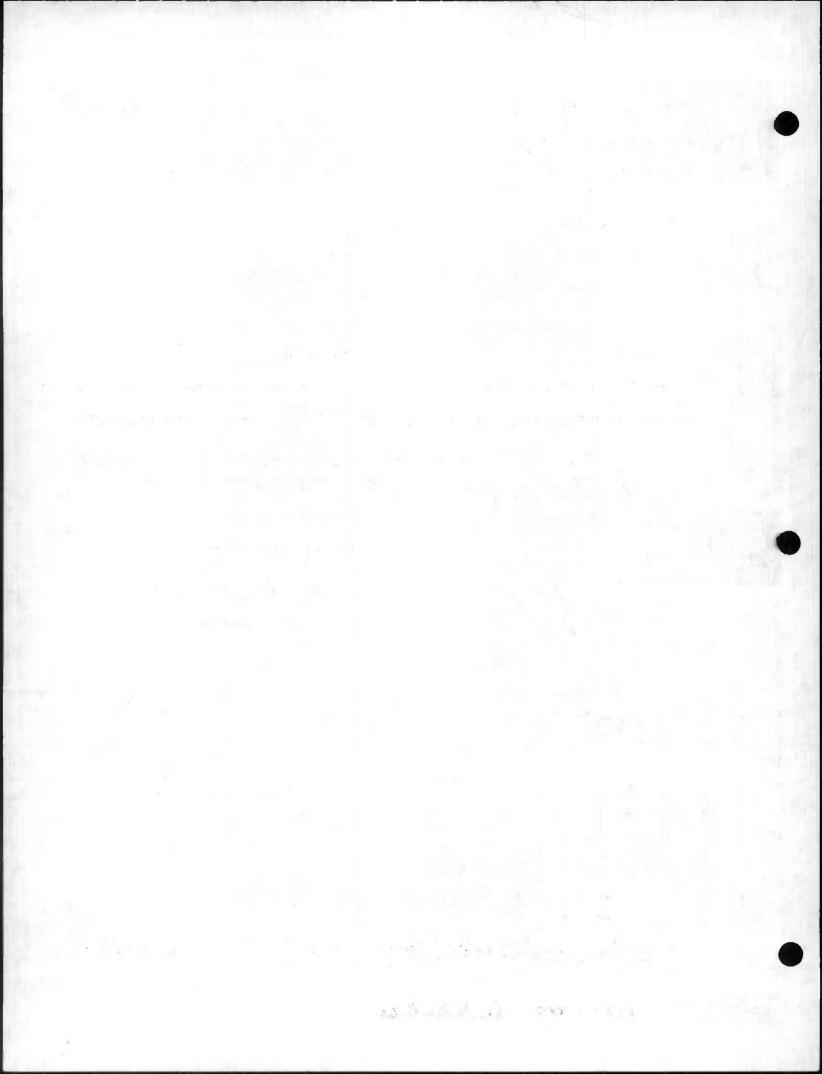
DHMH 16 Rev 6/95



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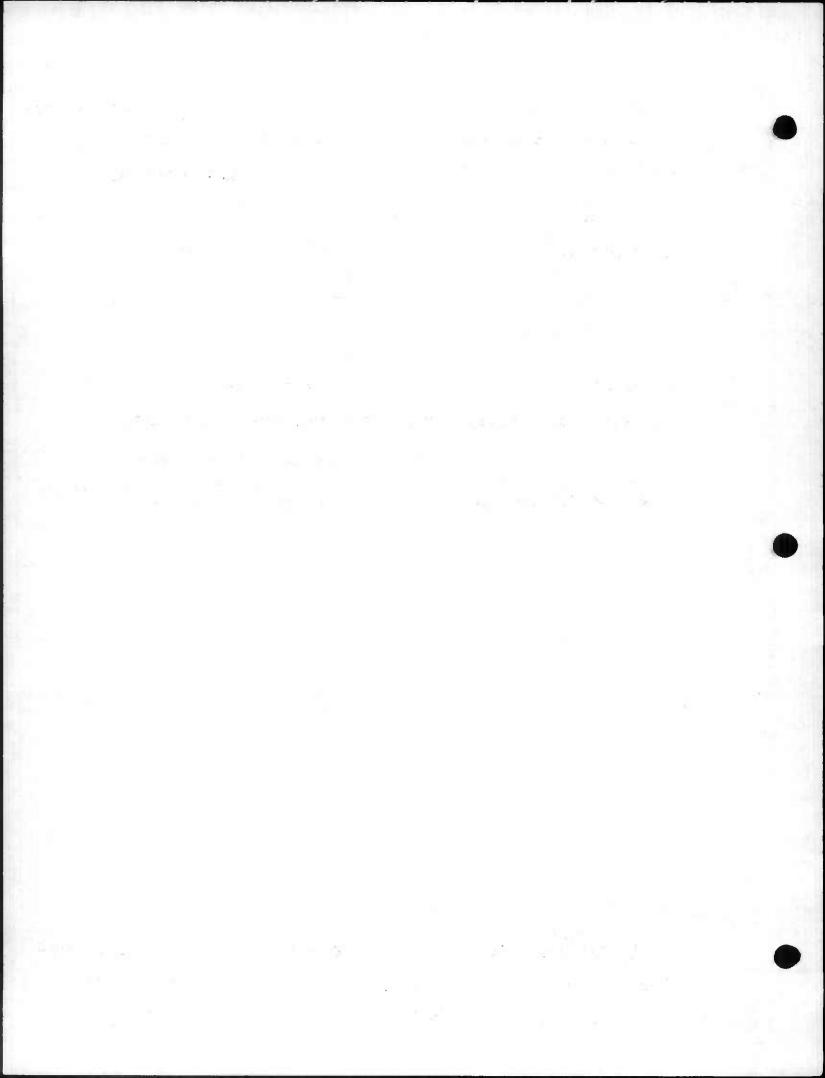
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	aminer	4e. Fecility Neme (If not institution, give street end number)		4b. City, Town, or Location of Dea	4c. County of Dee	ath .		
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Fun Dire	eral ector	5. Social Security Number 5. 78 - 18 - 2188 Usual Residence of Decedent 6. Sex 1 M 2 F 80	oirthday) If Under 1 Year Months Deys	Hours Min. 8. Dete of B. (Month, E. Feb. 1	pey, Year) 9. Bi 2 1917 MD	rthpiece (Stete or Foreign country)		
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and 2 should be file saith and Mentel Hy	other traumatic	Ethel L. Swann/Daughter	3581 Port '	end Number or Rural Route Num Tobacco Rd. N				
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Phys of	funeral of	27. Menner of Deeth 28a. Dete of Injury 28b.	Time of 28c. Injur	ry et 28d. Describe	how injury occurred	yeny)		
Division of Vita or Attending Physician: effer deeth.	led in by the funera Certification:	1 Month, Day Yeer) 2 Accident Investigation (Month, Day Yeer)	Injury Wor	rk? Yes 2 □ No		7.7		
Divisio	fical	3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, 1	erm, street, fectory, office	28f. Location	(Street and Number or R	lural Route Number,		
Div.	er a	4 ☐ Homicide building, etc. (Specify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	City or To	own, Stete)			
spits ours		29e. Certifier 1 9ertifying Physician: To the best of my knowledge	ne, death occurred at the tir	me date end pleca, end due to the	e ceuse(s) and manner a	s stated		
Div To the Hospital or I within 24 hours efter To the Funeral Dire	completely filled in by Medical Certifi	(Check only one) 2 Medical Examiner: On the basis of examination e end menner steted.	nd/or Investigation, in my o	pinion, deeth occurred et the time	, dete end plece, end du	e to the ceuse(s)		
o dithin	Me Me	29b. Impature and title of certifier	29c. Licens	se number	29d. Dete signed (Mon	th, Day, Year)		
- 31-	5	1 - Martin Holling	LUND D	08370	2/10	198		
		30. Neme and eddress of person who completed cause of deeth (item 23e)	(Type Print)		-1,-			
	0.	PAUL E. PRITCHETT.	MD Mo	N-Ros Buil	ding ha	Plata M		
Re	State gistrar		Reveall		*			

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 98 15267

					,	Certificat	e of	Death		Reg. No.	U.	0201	
	Dhysisi		1. Decedant's Nama (First, Middle,						2. Data of D	eath	Year	3. Tima of Death	
	Physicia /Medica Examine		Kathryne	K. Row	e				Febru	ary 11	998	8:45 pm	
			4a. Facility Nama (If not institution, Fairhaven Life	ty	4b. City, Town, or Location of Death Sykesville Carroll								
	Funeral Director		5. Social Sacurity Number 217–44–0178	. Sax 7. Aga (1□ M 2∏ F 92	In yrs. lest birth Y	rs. If Unda Months				irth ay, <i>Year)</i> 1906	9. Birthple Countr Va.	ca (Steta or Foraign y)	
	D k		Usual Rasidance of Decedant 10a. Stata 10b. County	4	0c. City, Town	or Location					10	d. inside City Limits	
	the Marylan 28a-f show nottred of	ctor	Md. Carrol			ville					10	1 ☐ Yas 2 ☑ No	
	23a or 2	Funeral Director	7200 Third Avenue	е		10f. Zij	784			10g. Citizen of W USA	/hat Counti	y?	
21215-0020	or Nerms	by	11. Maritai Status 1 Navar Marriad 2 Marriad 3 Widowed 4 Divorced	12. Was Decedent Ev Armed Forcas? 1 Yas ZZANo If Yas, Giva Yaar or Datas:	ar in U,S.		3. Was Decedant of Hispanic Origin? (Spe If Yas, specify Cuban, Maxican, Puarto I 1 ☐ Yas ♣ No Specify:				- Amarica k, Whita, a white	lc.	
5-0	72 hours "natural",	eted	15. Decedant's (Specify only highest)		Decedant's Usu (Giva kind of wo	rk done	during most of w	orking	16b. Kind of Bu	sinass/Indu	ustry		
121	within ene.	Completed	Elementary/Secondery (0-12) College (1-4or 5+) bookkeeper cler:							cleric	al		
	filed Hygie offer ont, g		12 17. Fathar's Nama (First, Middle, La		олисоро		18. Mothar's Na	ama (First, Middle	a, Meiden Sumem				
lan,	hental ked o	To Be	Theodore Kreisel					Helena Breuer					
Maryland	nd 2 shou afth and N 27 is man		19a. Informant's Name/Ralationship Fairhaven (heal							ber, City or Town, Md. 217		Code)	
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If item 27 is marked other than eny injury or other traumatic event, the Negotes.		20a. Mathod of Disposition 1 Bunal 2 Cramation 3 4 Donation 5 Other (Spe		cemetery	Disposition (New r, cremetory or cr rton Nat	other pie		Data 2-11-98	20c. Location - Arlingto			
Balti	permit. Departm Importa eny Inju		21. Signature of Funarai Sarvice Lic	ensoe					_	uneral H		Chapel	
			23a. Part1. Entar tha disaasa, or co shock, or haart feilure. List on	100	a daath. Do no					Md. 2178 arrest,		Approximata	
J	Physician		shock, or haart feilure. List on									Intarval Between Onset and Death	
4	/Medical		Immediata Causa (Finai disaasa or condition	Alz	-heiv	disease.					10 yours		
ı	Examiner	L.	resulting in death) Dua to (or as a consequence of):									7	
7	nsit	mine		b							1		
ć	axecu n and ial-tra	Exa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Dt	a to (or as a co	onsaquanca of):					i		
x 68760,	death certificate be axecuted e attending physician and of for use as the burial-transit	Physician/Medical Examiner	Medical	Causa (Disaasa or injury that initiated avants rasulting in death) Last	c	a to (or as a co	onsequance of):						
Box	ires that the death cer signed by the attendir d be detached for use	clan											
P.O.	the d	hysi	Part II. Other significant conditions contributing to death but not resulting in the underlying of					larlying causa givan in Part I. 23b. Dld			tobacco use contribute to the cause of death? Yas 2 No 3 Probably 4 Unknown		
	s that med b	by PI								Yee 2 3 No	3 Probl	abiy 4 Unknown	
Records,	requ been shoul	Completed t						s an autopsy ormed?	aval	a autopsy findings labla prior to epiation of causa eath?			
R	The law te has age 2	mo							10	Yas 2 No		Yas ŽM No	
Vital	lan: rtifica ctor, p	BeC	25. Was casa refarred to medical axaminar?					26. Placa of De	eath (Check only				
of V	nystel nis ce	70	1 ☐ Yas ≥ No	Hospital: 1 ☐ inpatlant	2 ER/Out	patlant 3 Do	OA Ot	har: 4 Nursing	Homa 5□Ras	idance 6 Othe	er (Specify)		
ion o	Attending Pt ir death. ector: After th by the funera		27. Mennar of Death ↑★Natural 5 ☐ Panding 2 ☐ Accidant invastigat	(ear) 28b. Ti	ma of i jury M	28c. Inju Wo 1	ryat ⊮k?]Yas 2∐No	28d. Dascribe	how injury occurr	ed			
Division	al or Atte s after de il Directo ed in by th	Certification:	3 ☐ Suicide 6 ☐ Could not datermine		m, straat, factor	factory, office 28f. Location			(Street and Number own, Stete)	er or Rural	Route Number,		
	To the Nospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate ha completely filled in by the funeral director, page:	edical	29a. Cartifier (Check only one) Check only 2 Medical Ex	Physician: To the best of raminer: On the basis of a and mannar state	amination and	deeth occurred /or invastigation	at tha ti	ma, data and plac opinion, daath occ	ea, and dua to the curred at the time	causa(s) end ma , data and placa, s	nnar as ste	itad. the ceuse(s)	
	To the To the comp	M	29b. Signature and titla of certific	m MD				sa number		29d. Data signed		*	
			30. Name and addrass of person wh		th (Itam 23a) (T	Type, Print)	1	17	\	Februar MO =	g d	. 1170	
			31 Data filled (Month Day Your)	n 1645	Libe.	ty 10	-0	5 100	15 5476	~07	4178	7	
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State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Elizabeth M. Reaves 4,1998 Feb. 2:52 P.M. /Medical 4e. Fecility Name (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Prince George's Hospital Center Cheverly Prince George's If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1 ☐ M 2 🕮 F Deys 88 578-01-8779 10/26/09 N. Carolina Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits D.C. N/A Washington X□Yes 2□No Director 10e. Street and Number 10f. ZIp Code 10g. Citizen of What Country? 617 Keefer Pl., N.W. 20010 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 Never Merried 2 Married 1 ☐ Yes 2X No Specify: Black Specify: by 3 Midowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 3 yrs U.S. Government Bldg. Supervisor 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Wiley Murphy Emma Morehead 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) William J. Reaves/Grandson 3638 Tyrol Dr., Glenarden, Md. 20774 20b. Place of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Surial 2 Cremetion 3 Removal from State Harmony Mem. PArk 2/10/98 4 ☐ Donetion 5 ☐ Other (Specify) Landover, Md. 21. Signeture of Funeral Service Licansee 22. Name end Address of Facility H.S.Washington & Sons Co., Inc. 4925 Burroughs Ave., N.E. x arry W. Bratt 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset and Deeth CARDIOMYOPATHY Immediate Cause (Finel disease or condition resulting In death) Sequentielly list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initioted events resulting in death) Lest Due to (or es e consequença of): Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? RTENSION, CASTRITIO 1 Yee 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Be Completed GASTRAENTERITY, HISTORY PERIPHERAL VASCULAR DIS 24e. Wes en eutopsy performed? AMPUTATION 1 ☐ Yes 2 ☐ No BILATERAL 25. Wes case referred to medical examiner?

1 2 Yes 2 No 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homleide 29e. Certifier 1 🗷 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the cause(s) end menner as stated. Medical 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of cartifier 29d. Date signed (Month, Dey, Year)

State Registrar

31. Date filed (Month, Dey, Year)

FFB 09 1998

Funeral

Director

r than "natural", or items 23a or the Medical Examiner must be

"natural".

permit. Pages 1 and 2 should be filed within 72 Department of Haalth and Mental Hygiene. Important: If Item 27 is merked other than "natiany injury or other traumatic event, the Medica once.

Physician

/Medical

Examiner

physician and the burial-transit be executed

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cartificate

spital or Attending Physician: hours aftar daath. neral Director: Aftar this cartifica by filled in by the funeral director, I

To the Hospital or within 24 hours aft To the Funeral Discomplately filled in

Box 68760

P.O.

Records.

of Vital

Division

Items 23a

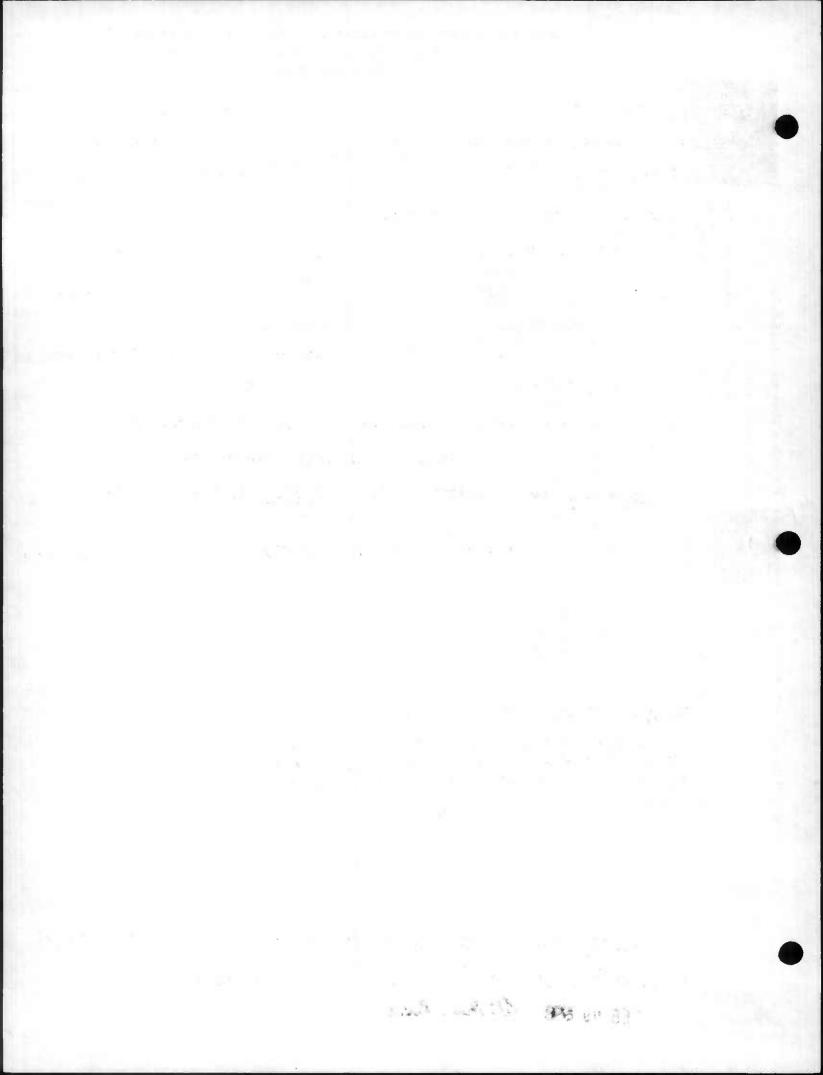
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72 hours aftar

Baltimore, Maryland 21215-0020

Mercy Obamogie, M.D. 7323A Hanover Pkwy., Greenbelt, Md. 20770 32 Registrar's Signeture

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene \(\) Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 31, 1998 Physician Constance Bessie Rector 6:55 pm January /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Hillhaven Nursing Home Adelphi Prince George's If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Days Months 1 □ M 2 🖾 F 578-12-3995 94 Vrs 16, 1903 Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1X Yes 2 No Directo Maryland Prince George's Adelphi 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 8107 20th Avenue 20783 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No It Yes, Give Yeer or Dates: 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-lt Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black White etc. 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: White þ 3 Nidowed 4 Divorced Completed Decedent's Usual Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Line Supervisor: Packing Plant Retail Food Sales 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be Vinton Evington Payne Mittie Elizabeth Bailev 19a. tntorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Marian C. Marino - Daughter 8107 20th Avenue, Adelphi, Maryland 20783 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stale 1 N Burial 2 ☐ Cremation 3 ☐ Removal trom Stete 4 ☐ Donation 5 ☐ Other (Specify) 02/03/98 Brentwood, Maryland Fort Lincoln Cemetery 22. Name end Address of Fecility
Francis Gasch's Sons Funeral Home, P.A. 21. Signeture of Funeral Service Licensee Terser 4739 Baltimore Avenue, Hyattsville, MD 20781 23e. Part1. Enter the disease, or amplications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. fmmediete Cause (Finel disease or condition resulting in death) COLON CARCINOMA THREE YEARS Due to (or es a consequence ot) Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Last Due to (or as e consequence ot) Physician/Medical Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DEMENTIA by 24b. Were autopsy findings available prior to completion of ceuse ot death? Completed 24e. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese reterred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 20 No Other: Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner ot Death 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 Tyes 2 □ No 6 Could not be determined 3 ☐ Suicide 28t. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 - Homicide Certifying Physictan: To the best of my knowledge, deeth occurred et the time, date and plece, end due to the ceuse(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29a. Certifier Medical 29b. Signature end title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) 031563 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Charles M. Benner, M.D. 11251 Lockwood Drive, Silver Spring, Maryland 20901

State Registrar

Funeral

Director

the

7 is marked other than "natural", or items 23a or 28a-f show traumatic avent, the Modical Examiner must be notified as

natural, or

filed within 72 hours after Hygiene.

permit. Peges 1 and 2 should be filed w Department of Health and Mental thygien Important: If Item 27 is marked other th any injury or other traumatic avent.

Physician /Medical

Examiner

physician and the bunal-tran

signed t

should

page 2

certificate

Hospital or Attanding Physician: 24 hours after death.
Funeral Director: After this certificately filled in by the funeral director, i

To the Hospital within 24 hours a To the Funeral C

the

Box 68760,

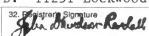
P.O.

Division of Vital Records,

Baltimore, Maryland 21215-0020

Items 23a

31. Date tiled (Month, Day, Year) FEB 02 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene \ \} Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** JANUARY Bernice Hazel Reed 1998 /Medical 4a. Facility Name (If not institution, give straat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Prince George's Doctor's Community Hospital Lanham If Undar 24 Hrs. Hours Min. If Undar 1 Yaar 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpiaca (State or Foreign Country) **Funeral** Months Devs 70 Director 578-34-7520 Maryland 06 - 11 - 27Usual Residence of Decedent 10c. City, Town or Location 10d. Inside City Limits raf, or there 23s or 28s-f show Examiner must be notified at Lanham Prince George's Maryland TYPE 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 20706 USA 4823 Jefferson Street Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) Race - American Indian, Black, White, etc. Yas 2 No f Yes, Give Yaar or Dates: 1 Navar Married 2 Married 'natural', or 1 ☐ Yas 3 ☐ No Specify: þ Specify: Black 3 ₩ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 9th Custodian Government 17. Fathar's Nema (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) and Merital Clarence Proctor Mary Medley Department of Health and Important: If Item 27 is m any injury or other traum 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8429 Hamlin Street #202, Lanham, Maryland 20706 Mary C. Reed/Daughter 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 MCremation 3 ☐ Removal from Stata Chesapeake Crematory 2/4/98 Beltsville, maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility J. B. Jenkins Funeral Home 23a. Part1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,

Approximate Downias Approximata tnterval Between Onset and Death **Physician** BRAIN DI /Medical Immediate Cause (Final disease or condition resulting in death) 1700 Examiner Examiner physicien and the burial-transit The lew requires that the death certificete be executed Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last ESSENSIAL P.O. Box 68760, HTRERTENSION Physician/Medicai Due to (or es a consequence of): been signed by the a should be detached Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 □ Probably 4 □ Unknown Records, by 24b. Were autopsy findings available prior to complation of causa of death? Completed 24a. Was an autopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1□ Yes 2□ No Inpatient 2 ER/Outpatient 3 DOA Certification: To 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending 1 Yes 2 No investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D31069 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) GEORGE BONE

State Registrar

Division of Vital

31. Date filed (Month, Day, Year) FFB 03 1998

1100 MERCANTI 32. Pegistrar's Signature

E LANE, LARGO, MD

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 5 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month Dev Vee **Physician** 11:34 pm Cow JANUARY NORA 29 1998 /Medical 4a. Fecility Nema (If not institution, give street end numbar) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** Prince Georges 5 HOS DITAL

7. Age (In yrs. lest birthday) If Ur Georges heverly If Undar 1 Yaar If Undar 24 Hrs.

Months Deys Hours Min. 5. Social Sacurity Number 8. Dete of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 1 M 2 2 F 80 228-16-798 Usuel Residance of Dacedent Yrs. **Director** Feb 2,1917 Virginia with the Marylend 10e. Stete 10c. City, Town or Location 10d. Insida City Limits permit. Pages 1 end 2 should be filed within 72 hours efter death with the Mary Department of Health and Mentel Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f she any Injury or other traumatic event, the Medical Example must be notified a once. Prince Georges Md Lpper Marboro 15 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whet Country? 9534 Castle 20772 LSA Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien. Bleck, White, etc. 1 ☐ Yes 2 If Yes, Give 1 Never Married 2 Married 2 No Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: à Black 3 Widowed 4 Divorced Year or Dates: Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Domestic Home 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Meiden Sumema) Be Atha 1 alle 2 John (Nexce) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 1079 Cernetery Rd, Urglina Va 2 of Disposition (Name of Dete 200. Location - City or Town, Steta hillias Ua 24598 arrington 20b. Place of Disposition (Neme of 20e. Method of Disposition cemetery, cremetory or other piece) 1 Surial 2 Cremation 3 Removel from State Cene, Bluewing Grove Boot Chur, 23-48 Virgilina, Va.
22. Name and Address of Facility Central Va. Funeral Service 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licansee 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. 23261 Approximata Intervel Between Onset end Deeth **Physician** Immediate Ceuse (Finel diseese or condition resulting in death) /Medical Examiner Examiner the bunal-transi Sequentielly llst conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760, attending physician certificate be Physician/Medicai use as 300 O ed by the a Pert II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No þ should be 24b. Were eutopsy findings available prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No 1 □ Yes 2 □ No Hospital or Attending Physician: 24 hours ettar death. Funeral Director: After this certifice director. 25. Wes case referred to medical exeminer? Be 26. Plece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 200 No 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Mannus of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Certification: 5 Pending investigation 1 Maturel Injury 1 ☐ Yes 2 ☐ No 21. I Accident 6 Could not be determined 3 ☐ Suicide -28e. Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 4 Homicide The Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier pietaly (Check only one) To the within 2 29b. Signeture end title of cert 29c. License number 29d, Date signed (Month, Dey, Yeer)

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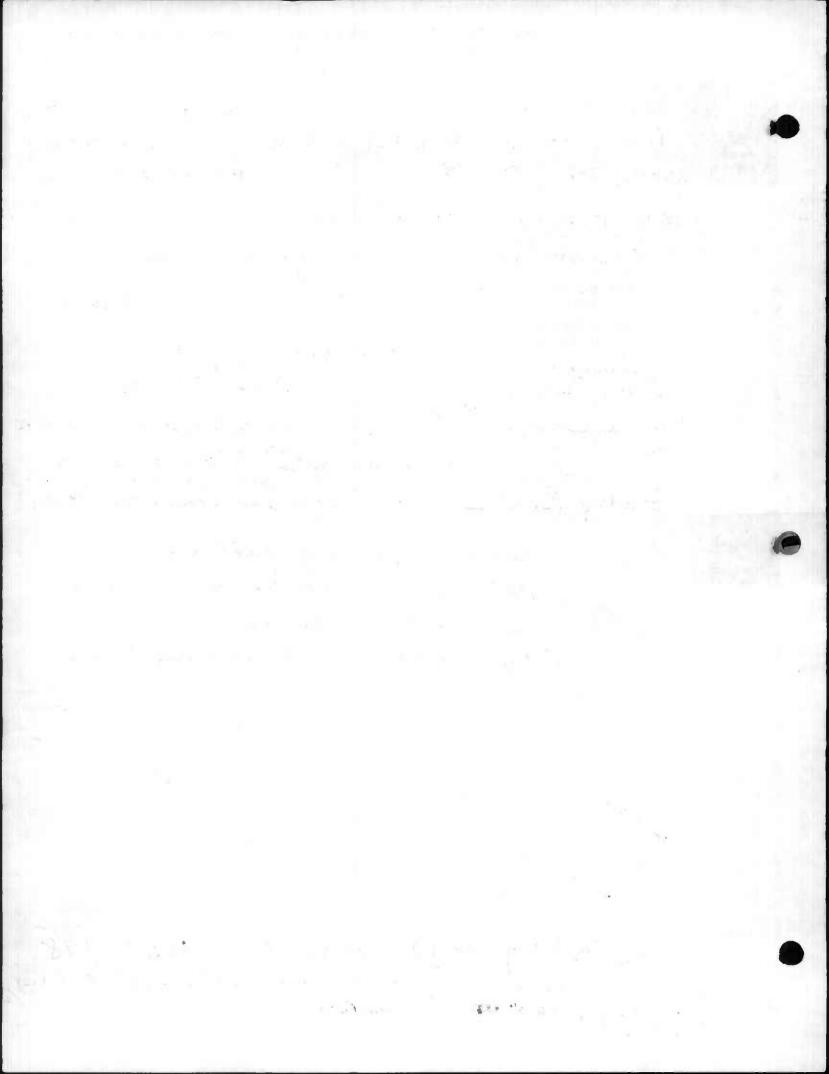
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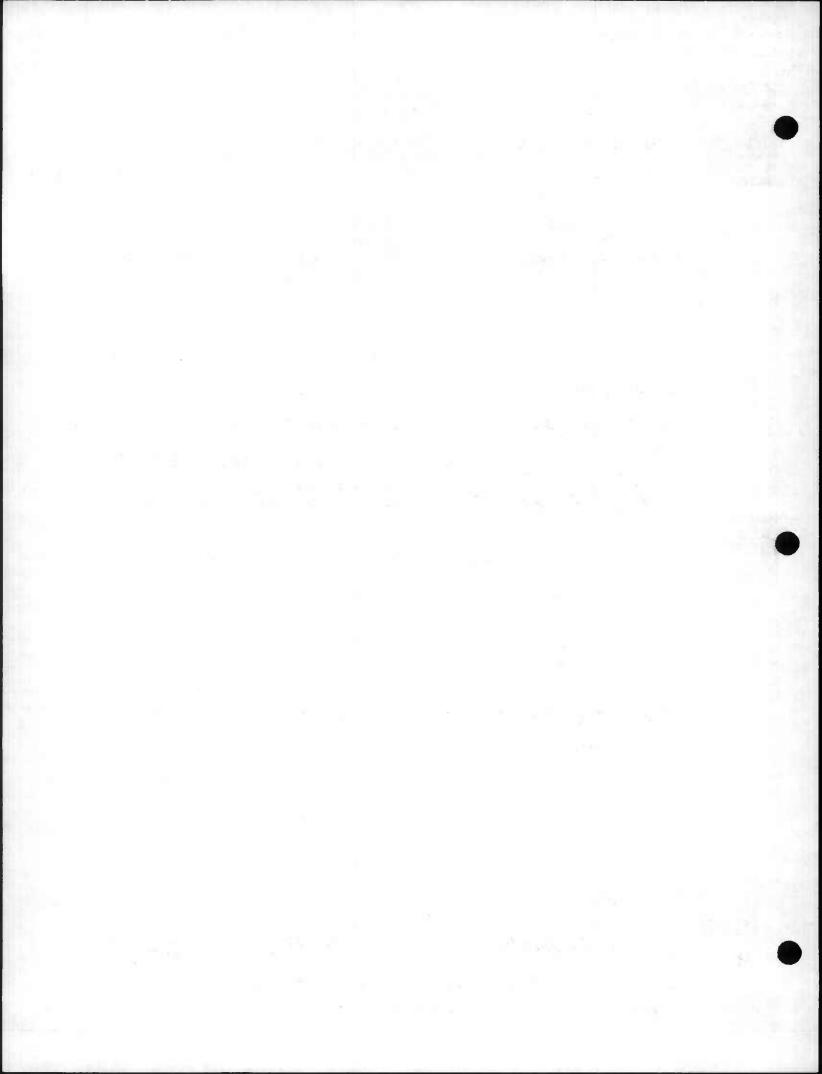
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State of Maryland / Department of Health and Mental Hygiene Q

				Otate of Marylar		ertificate of			Reg. No.	05272
	Physici	an	Decedent's Name (First, Middle, Last)			И =		2. Date of Dec Month	Dey	Year
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	Examir	er	Laurelwood Nursing				E1kton			
H	Funeral		5. Sociel Security Number 6. Sex	7. Age (In yrs.	lest birthd	ay) If Under 1 Yeer	If Under 24 Hrs.	8. Date of Birt (Month, De	h Cec	Birthplece (State or Foreign Country)
	Director		209-07-4514	^{M 2□ F} 89	Yrs	Months Deys		ctober	8, 1908	Pennsylvania
	anyland ed el	or.	10a. Stete 10b. County	10c. Cit	y, Town o					10d. Inside City Limits 1 ☐ Yes 2 ☑ No
	the A	Director	Maryland Cecil 10e. Street end Number		N	orth East			10g. Citizen of V	
	With Sa or						001			
	death ms 2	Funeral	2259 Pulaski Highwa	2. Wes Decedent Ever in U	,S. 1	3. Was Decedant of I	901 Hispenic Origin? (Sp		United 14. Reco	States - American Indian,
020	urs after al', or ite	by Fur	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:		If Yes, specify Cub 1☐ Yes 2☑ No		Rican, etc.)	Specify Specify	k, White, etc. : White
21215-0020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any figury or other treumatic event, the Modical Examination to the profiled and another.	Completed	15. Decedent's Educa (Specify only highest grede Elemantary/Secondary (0-12)	tion com <i>pleted)</i> Coilaga (1-4or 5+)	/G	ecedent's Usuel Occu ive kind of work done e. DO NOT use ratire	during most of work	ing	16b. Kind of Bu	siness/industry
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altimore,	Pages nent of I ant: If its ary or of		1 XBuriel 2 ☐ Cremetion 3 ☐ Re	movei from Stete	emetary, o	cremetory or other ple	I I	eb. 9		tte ylvania
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	Physician		23a. Pert1. Enter the diseese, or compiler shock, or heart feilure. List only one	ations that caused the deet cause on each line.	h. Do not	enter the mode of dyi	ng, such es cardiac	or respiratory e	rrest,	Approximete Interval Between Onset end Death
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Division of Vital Records, P.O. Box	The law requires that the death cert sie has been signed by the ettendin page 2 should be deteched for use	Completed	DEMENTIA					24a. Wes perfo	en eutopsy rmed?	24b. Were eutopsy findings eveilable prior to completion of cause of deeth?
R	iclen: The lav certificate has rector, page 2	mo:						10	Yes 20 No	1 ☐ Yes 2 ☐ No
ita		Bec	25. Was case raferred to medical examinar?				28. Placa of Deat	h (Check only o	ona)	
> <	Attending Physician: or death. sctor: After this certific by the funeral director.	2	1 ☐ Yes 2 No		ER/Outpa	tient 3LI DOA		me 5 Resid	dence 8 Othe	er (Specify)
n C	Ing P	:uo	27. Menner of Deeth 1 ☑Natural 5 ☐ Pending	28e. Date of injury (Month, Dey Year)	28b. Tim Injur	ry Wo		28d. Describe I	now Injury occurr	ed
S	thend death death tor: /	cat	Accident Investigation 3 Suicide 6 Could not be	One Disease of Injury Albert			Yes 2□No	20f Location /	Demne and Alumb	or or Pural Pouts Number
Σ	tal or Al	Certification:	4 ☐ Homicida detarmined	28e. Piece of Injury - At he building, etc. (Specif	oma, farm, y)	street, factory, office		City or Tov		ar or Rural Routa Number,
	To the Hospital or Attending Physi within 24 hours eiter death. To the Funerel Director: Affer this of completely filled in by the funeral direct	edicai	29a. Certifier (Check only one) Certifying Phyelo	lan: To the best of my kno r: On the besis of examine and menner steted.	wledge, de tion end/or	eeth occurred et tha ti r investigetion, in my	ma, data end placa, opinion, death occur	and dua to tha red et the time,	cause(s) end me dete end plece, a	nner es steted. and due to the cause(s)
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	4		30. Name end andrass of person who com	p)eted causa of daath (item	n 23e) (Tyj	pe, Print)	/	,	0111	10
			SURESH DHANJAN	140,200	RASG	700W RD	PERRY	VILLE	MD 21	903
	Sta Registr		31. Dete filed (Month, Day, Year) FEB 0 5 1998	pleted causa of daath (iten	Jandal	2				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Gross Stannard 21:36 Teresa Marie 1998 January 30 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Johns Hopkins Hospital Baltimore Baltimore CIty If Under 1 Yeer If Under 24 Hrs.
Months Days Hours Min. 5. Sociel Security Number 8. Date of Birth (Month, Dey, Year) 6. Sex 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) **Funeral** 1□M 2XF 220-40-1835 Yrs. 53 Director October 6, 1944 Maryland Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits other traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 No lelaware Director New Castle New Castle 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 23a IYNE USA 19720 pernit. Pages 1 and 2 should be filed within 72 hours efter dee Department of Heelth and Mentel Hygiene. Important: If frem 27 Is marked other than "netural", or Items : any Injury or other traumatic event. 14. Race - American Indien, Bleck, White, etc. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus 1 ☐ Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: white 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Telemarketer Banking 17. Fether's Neme (First, Middle, Last) Anderson Ganevere Farl ON, ZuK 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 41 Tyne Drive David Carl Stannard - Husband New Castle, DE. 19720 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete 1 ABurlal 2 Cremation 3 Removel from State Immac. Concept. R.C. Cem: 4 ☐ Donetion 5 ☐ Other (Specify) 22. Neme end Address of Fecility 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feilure. List only one dause on each line. 259 E.Maid St. Elkton, md 21921 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Final disease or condition resulting in death) Fungemia Examiner Due to (or es e consequence of): Examiner Liver failure ettending physicien end for use es the buriel-transit Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): deeth certificate be execu Box 68760. Physician/Medicai Due to (or es e consequence of): P.O. | Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, by 24b. Were eutopsy findings eveilable prior to completion of ceuse of deeth? 24e. Wes en eutopsy performed? Completed 1 Yes 2 No Be 25. Wes case referred to medical exeminer? 26. Piece of Deeth (Check only one) 1 ☐ Yes 2 ☑ No Hospital: 1 ☑Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Menner of Deeth ne Hospital or Attending Ph n 24 hours efter death. Funeral Director: After th 28c. Injury et Work? 28d. Describe how injury occurred Medical Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Certifier (Check only one)

Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

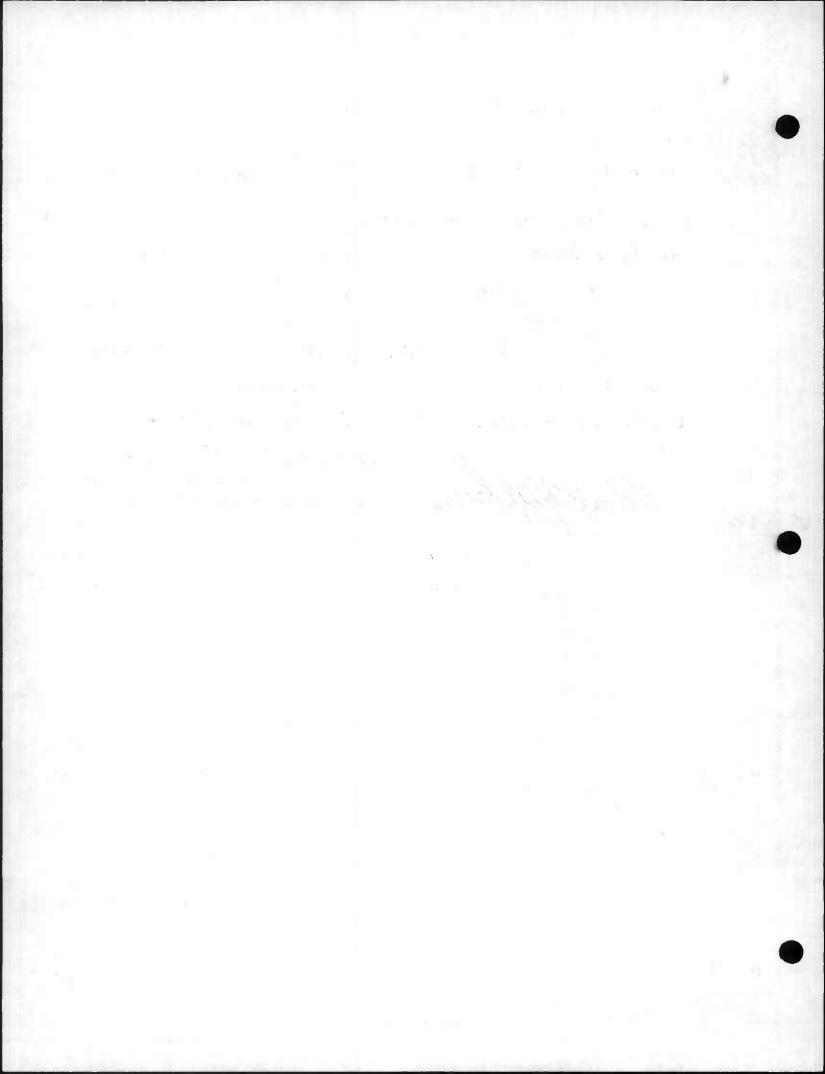
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Medical Examinar: On the basis of exemination and/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) end menner stated. To the within 2 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) matthew J. watter mo Sanuary 30. 1998 Baltimore, Md. 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 10 Johns Hopkins Hospital tower 110 MATTHEW J. WALTER 31. Dete filed (Month, Day, Year) FEB 0 5 1998 32. Registrer's Signeture

Jula Davidson Randall

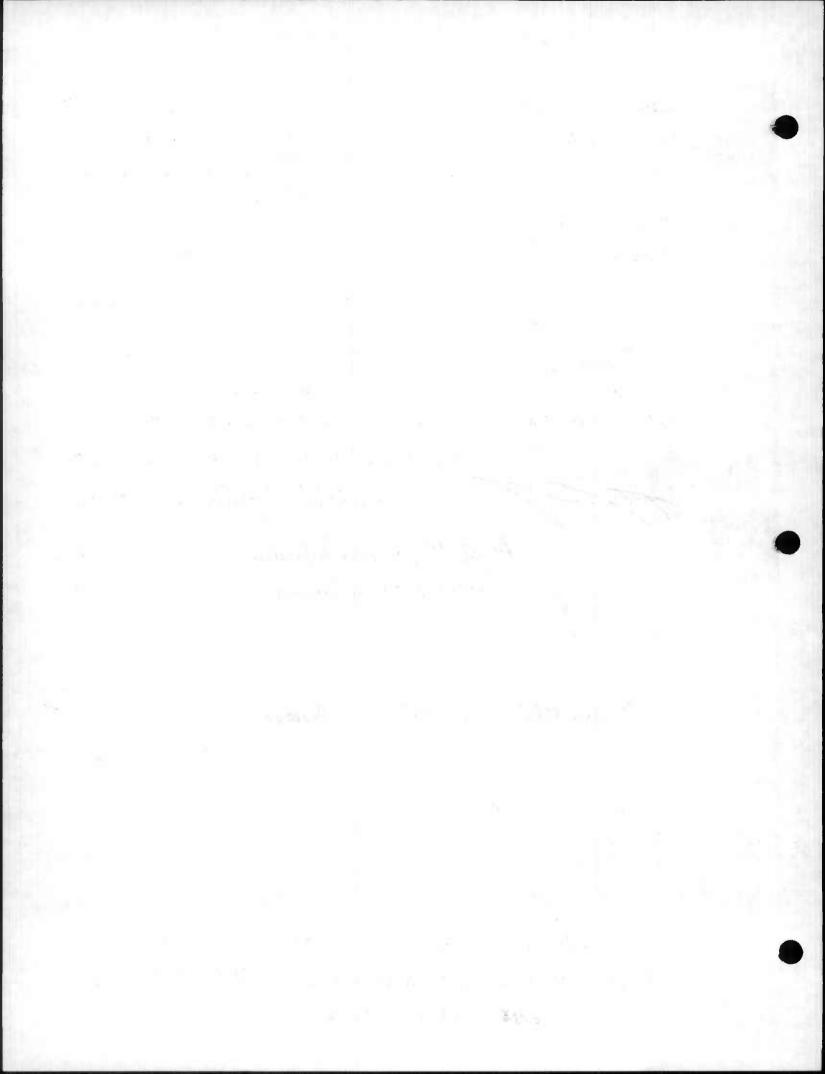
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Registrar



State of Maryland / Department of Health and Mental Hygiene Q Q

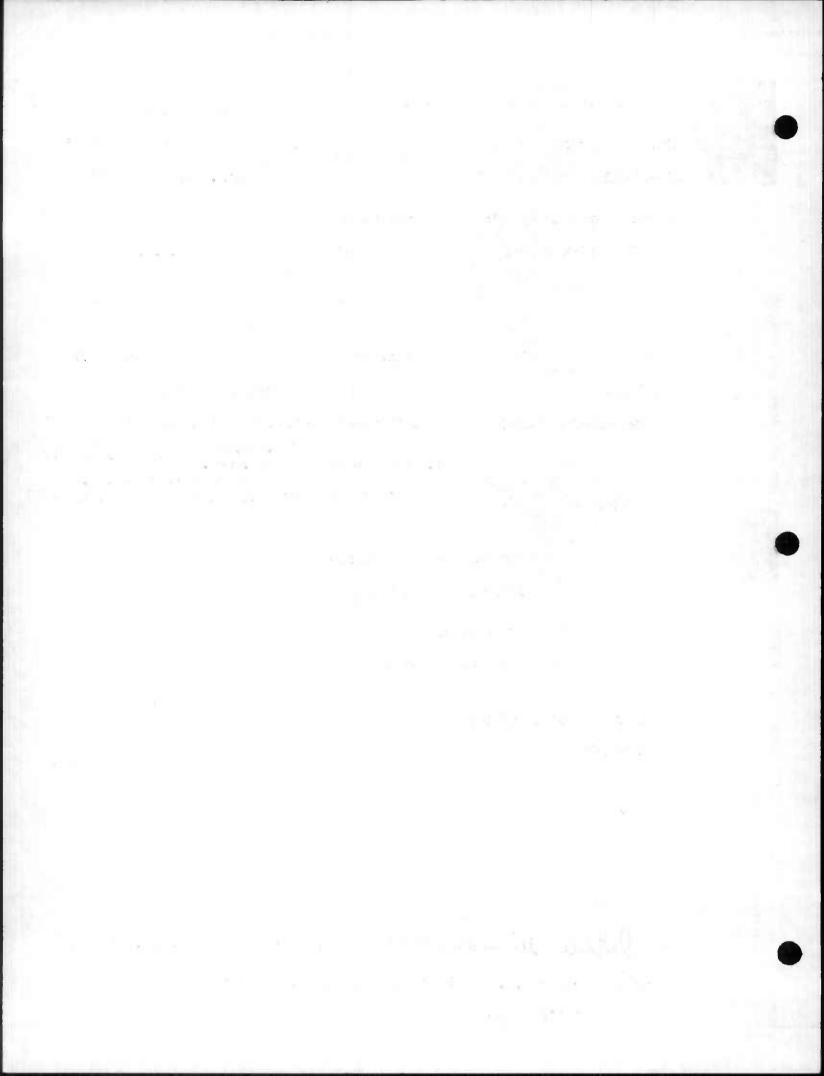
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/Medic	_	4a. Facility Name (If not institution		ım <i>ber</i>)				4b. City, Town, or L		1 1 1 1 1 1 1		, 0 - 0		
Exami		Union Hospital						Elkton		Ceci				
Funeral Director		5. Social Security Number 212-22-7157 Usual Residence of Decedent	6. Sex 1 □ M 2 □ F	7. Age (In yrs	lest birthday) Yrs.	If Under Months	1 Year Days	If Under 24 Hrs. Hours Min.	8. Date of Bir (Month, Da Jan. 11	y, Year) , 1912	9. Birthplace Country Marylo	(Stete or Foreign und		
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or 28	Sire.	10e. Street and Number				10f. Zip	Code			Whet Country?				
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State of Maryland / Department of Health and Mental Hygiene

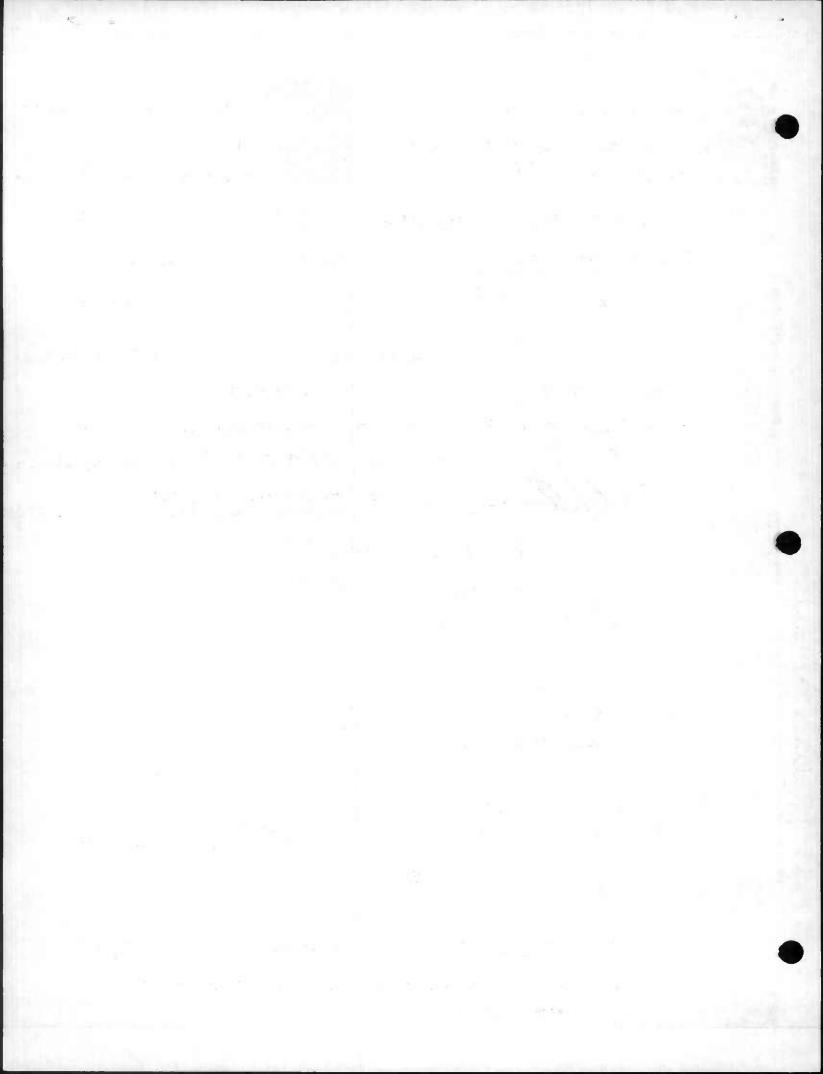
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21215-0020	n 72 hours after death with the Maryland "naturef", or items 23a or 28a-f ehow adical Examinat must be multified at	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 N If Yes, Give Yeer or Dates:		13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Sp uben, Mexican, Puerto No <i>Specify:</i>	pecify Yes or No- Rican, etc.)		e - American Indian, k, White, etc. : White
5-0	d within 72 ho piene. r than "natur the Medical	Completed	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a.	Decadent's Usual Oc (Give kind of work do life. DO NOT use ret	cupation ne during most of work	kina	16b. Kind of Bu	siness/Industry
121	within ene.	mple	Elementary/Secondary (0-12)	College (1-4or 5	+)		tired)			
2			17. Father's Name (First, Middle, Las	N/A	I	Ingineer	18. Mother's Nam			nion #77
Maryland	S TO D	Be c		,						9)
ary.	2 should the and Meni	To	Unknown 19a. Informant's Name/Relationship	(Type, Print)	196	. Mailing Address (Str	Cass eet and Number or Ru		Smith	State, Zip Code)
	alth ar 27 la		Mary Helen Smith							ryland 20747
Baltimore,	other tr		20a. Method of Disposition			f Disposition (Neme of ry, cremetory or other)				City or Town, State
E	permit. Peges Department of I Important: If its any injury or o		1 Burial 2 ☐ Cremation 3 [4 ☐ Donation 5 ☐ Other (Speci			Barnabas Er	100.		Oxon 1	Hill Maryland
alti	permit. Pe Departmer Important any Injury once.		21. Signature of Eeriting Gervice Lice	gee /	DC. I	22. Name end Ad		ee Fune	ral Hom	e, Inc.
0	22528		1/16h	1/18		6633 Old				nton, MD 20735
	Physician		23a. Part1. Enter the disease, or con shock, or heart failure. List only	phications thet caused the cause on each lin	the death. Do	not enter the mode of	dying, such es cardiac	or respiretory err	rest,	Approximate Interval Between Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)			eart Failur	re			
-	po it	Examiner		Ischemi	.c He	art Diseas	se			1
	and I-trans	хаш	Sequentially list conditions,	U	Due to (or es a	consequence of):				
60,	ifficate be executed g physician and es the buriel-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events	c. Hypert	ension					
68760,	ifficate g phys es the	edical	resulting in deeth) Last	41	Due to (or as a	consequence of):				
Box		200		d Bilate	rial Pr	eumonia				
m	es that the death cer igned by the attendir be detached for use	Physician/N	Pert II. Other significent conditions	contributing to death by	it not resulting is	the underlying cause	given In Pert I	23h Did to	obacco usa cor	ntribute to the cause of death?
P.O.	t the by the	hys				Title diluenying cause	given in rent i.			3 Probably 4 Unknown
	ss tha gned be de	by F	Chronic Renal	Insuffici	ency					
of Vital Records,	requir been s should	Completed	Malnutrition					24a. Was e perfor		24b. Were autopsy findings evelleble prior to completion of cause of death? N/A
œ —	0 - 0	E						1 🗆 Y	es 2XXIVo	1 ☐ Yes 2 ☐ No
Ita		Be	25. Was case referred to medical examiner?				26. Place of Dee	th (Check only or	ne)	
>	5 00	၉	1 Yes 2 No	Hospital: 1X Inpatie	nt 2 ER/Ou	tpetient 3 DOA	Other: 4 Nursing H	ome 5 🗆 Reside	ence 6 □Oth	er (Specify)
U C	ge ege	lon:	27. Menner of Deeth 1 Natural 5 ☐ Pending	28e. Date of Injui (Month, De)			njury at Work?	28d. Describe h	ow Injury occurr	red
Division	Attending or death.	cat	2 Accident Investigation 3 Suicide 6 Could not to				I ☐ Yes 2 ☐ No	206 Lanation /C	treat on d \$6 cm h	or or Dural Bouts Alumbas
2	or A efter Direct	Certification:	4 ☐ Homicide determined	building, etc	. (Specify)	rm, street, fectory, offi	Ca	City or Tow		er or Rurel Route Number,
	To the Hospital or Attendit within 24 hours efter death. To the Funeral Director: A completely filled in by the fu	edical C	29a. Certifier (Check only one) 1XX CertifyIng Pl	nysician: To the best of miner: On the basis of end manner sta	examination en	o, death occurred et the d/or investigation, in m	e time, date and plece, ly opinion, deeth occur	and due to the c red et the time, d	ause(s) and ma late and place, a	nner es stated. and due to the cause(s)
	vithin Fo the compl	Me	29b. Signature and title of certifier				ense number	2	29d. Date signed	d (Month, Dey, Yeer)
	->-0) melde	Murano	w, m	.D.	D 43276		Feb.	8/1998
			30. Neme and address of person who	completed cause of de	eath (Item 23a)			arlboro.		
	Sta Registr		31. Date filed (Month, Dey, Year) FEB 1 1 19	32. Registra	r's Signature		2 22		1	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

	<u>.</u>					rtificate of	Death		leg. No.	05276
	Physici	an	Decedent's Nema (First, Middla, Last)					2. Data of Dee Month	Dev Yea	3. Time of Death
	/Medi		Mildred Bryant Shaw					Feb.	8 1998	7:34 am
	Examir	er	4a. Facility Nema (If not institution, give street and n	umber)			4b. City, Town, or L	ocation of Deeth	4c. County of D	eath
			Physicians Memori 5. Social Security Number 6. Sex			If Under 1 Yea	LaP1			arles
	Funeral Director		1□M 2 X)F		s. lest birthday) Yrs.	Months Dey		8. Data of Birth (Month, Dey	, Year)	Birthpleca (State or Foreign Country)
			220-28-5605 Usuel Residence of Decedent	89		<u></u>		Februa	ry 12,19	08 Maryland
	how		10e. Stata 10b. County	10c. C	ity, Town or Lo	ocation				10d. Inside City Limits
	e Wa	ctor	Maryland Charles	In	dian H	lead				1 ¥ Yas 2 □ No
	F 0.2	Director	10e. Street end Number			10f. Zip Coda		1	log. Citizen of What	Country?
	ath w	ral	21 Indian Head Ave.			2064			U.S.A.	
	er de	Funeral	11. Maritel Stetus 12. Was De Armed F	cedent Ever in I orcas?	U,S. 13.	Was Decedent of If Yes, specify Cu	Hispanic Origin? (Sp ban, Mexicen, Puarto	ecify Yes or No- Rican, atc.)	14. Race - A Bieck, W	maricen Indien, /hite, etc.
20	rs aft	by F	1 Nevar Married 2 Married 1 Yes, G 3 Widowed 4 Divorced Year or	2 No Sive		1□ Yas 2₩ No	Specify:		Specify: W	hite
21215-0020	be filed within 72 hours after death with the Maryland la! Hygiene. I other than "nature!, or items 23a or 28a-f show event, the Medical Exerciter must be notified at		15. Decedent's Education		16e. Dace	dant's Usuel Occi	upation		16b. Kind of Busine	
215	hin 7	Completed	(Specify only highest grade completed	(1-4or 5+)	(Give	kind of work done DO NOT use retir	a during most of work	ing		,
2	d will	COM	12 2	(1940) 34)	Sean	stress			U.S. Go	vernment
nd	al Hy	Be (17. Fether's Neme (First, Middle, Last)				18. Mother's Nam	e (First, Middle,	Maiden Sumama)	
Maryland	should tend Ment Ment Ment Ment Ment Ment Ment Ment	10	Caleb M. Bryant				Rose V	. Wile	у	
Jar	C/ 10 10 10		19a. Informent's Name/Reletionship (Type, Print)		19b. Meili	ng Addrass (Stree	et and Number or Rur	al Route Number	r, City or Town, Stet	e, Zip Code)
	l and lealth m 27		David Michael Shaw	Son	116	Circle	Ave. In			
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 any injury or other th once.		20a. Mathod of Disposition 1 □ Burial 2 ▼ Cremetion 3 □ Removel from	n State	cemetery, crai	netory or other pi	ebruary Service	Deta	20c. Location - City	
Ħ	t. Partmer		4 Donetlon 5 Other (Specify)	Me				12,133	Alexand	ria, Virgin
Ba	permit. Pages Department of I important: If ite any injury or of		21. Signature of Funerel Service License			2. Name and Add			4	
_		_	23a. Pert1. Enter the passe, or complications that shock, or heart have. List only one cause on	M00	668	viiiiam 1270 Ha	s Funera	I Home	, P.A. ndian He	ad. Md. 206
	Dhualaian								995-011	Intervel Between Onset and Deeth
	Physician /Medical		Immediate Cause (Final	t. Car	dias	annis	<i>)</i>			
	Examiner		disease or condition resulting in deeth) e. Hu	Dun to	ior as a social	ovi / too	dialul			
	m 57	ner	1	Hus.	1	Harris of Harris	dialul			
	nd nd	Examiner	Sequentially list conditions,	Due to	or es e consec	quance of):	0000000			
o,	ate be execu hysician and the burial-tra	Ē	Sequentially list conditions, if ety, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury	of fr	a China					
68760,	ifficate be exe g physician a as the burial	edicai	thet initieted events resulting in death) Lest	Dua to (or as a conseq	uance of):				
		-	d							
Box	death can e attendin of for use	Physician/N								
P.O.	0 23	ysic	Pert II. Other significant conditions contributing to		-	ndarlying causa g	ivan in Part I.			ute to the cause of death?
	that the	y Ph	Ha diabelis.					1 D Y	'ss 2 14No 3	Probably 4 Unknown
Records,	requires that sen signed b hould be det	ed by	Ha diabeles. Ha. organic Brain	Some	1.00			24a. Wes a	n eutopsy 24	b. Were eutopsy findings
8	43 10	Completed	Ha. Offanic Poram	Janos	rome.			perfor	med?	availabla prior to completion of ceuse of death?
	The law ate has page 2:	дшс	·	V				1 🗆 Y	as 2 19 No	1 Yes 2 No
Vital		Be C	25. Was case referred to medical				26. Piece of Deet		11 . 1	1
		To B	examiner? Hospitel:	Inpatiant 2	☐ ER/Outpetier	nt 3□ DOA O	ther:		ence 6 Other (S	(pecify)
Division of			27. Menner of Deeth 28e. Date	of Injury nth Pay Year)	28b. Time or Injury				ow injury occurred	,
0	Attending ir death. ector: After by the fune	atic	2 Accident investigation	3798			Yes 2 No	HT:	Singry	- 1997 .
ž	or Attenuate dest Director: 3 in by the	Certification:	3 Suicide 6 Could not be determined 28a. Plac	e of Injury - At I	nome, ferm, str	eet, factory, office	•	28f. Location (S City or Tow	treet end Number or n, Stete)	Rural Route Number,
	of the state of th			3 1	Home	۲ .				
	To the Hospital or within 24 hours after To the Funeral Dire completely filled in the	edicai	29a. Certifiar 1 Certifying Phyeician: To the	basis of exemin	owledga, daett etion end/or in	occurred et the vastigation, in my	time, dete end place, opinion, daath occur	end due to the c rad et tha tima, d	euse(s) end manner lata end place, end c	r es steted. due to the ceuse(s)
	thin 2 the mple	Med		nner steted.		,	nse number		29d. Data signed (Me	``
	F 3 F 8		Alide I Kogas	_						
}			20 Nome and address of		00-1 77	0.00	-48029		7	8/28.
			30. Name end eddress of person who combined cel				3 77 7 1		20624	
	Sta	te	Abdul Razaq, MD 31. Date filed (Month, Dey, Year) 32.	Pojistrar's Sign	ost Ui	rice K	d. Waldo	ri, MD	20604	
	Pogistr		EED 4 1 1000 (LL: 116.0	ole and the ed	- H				

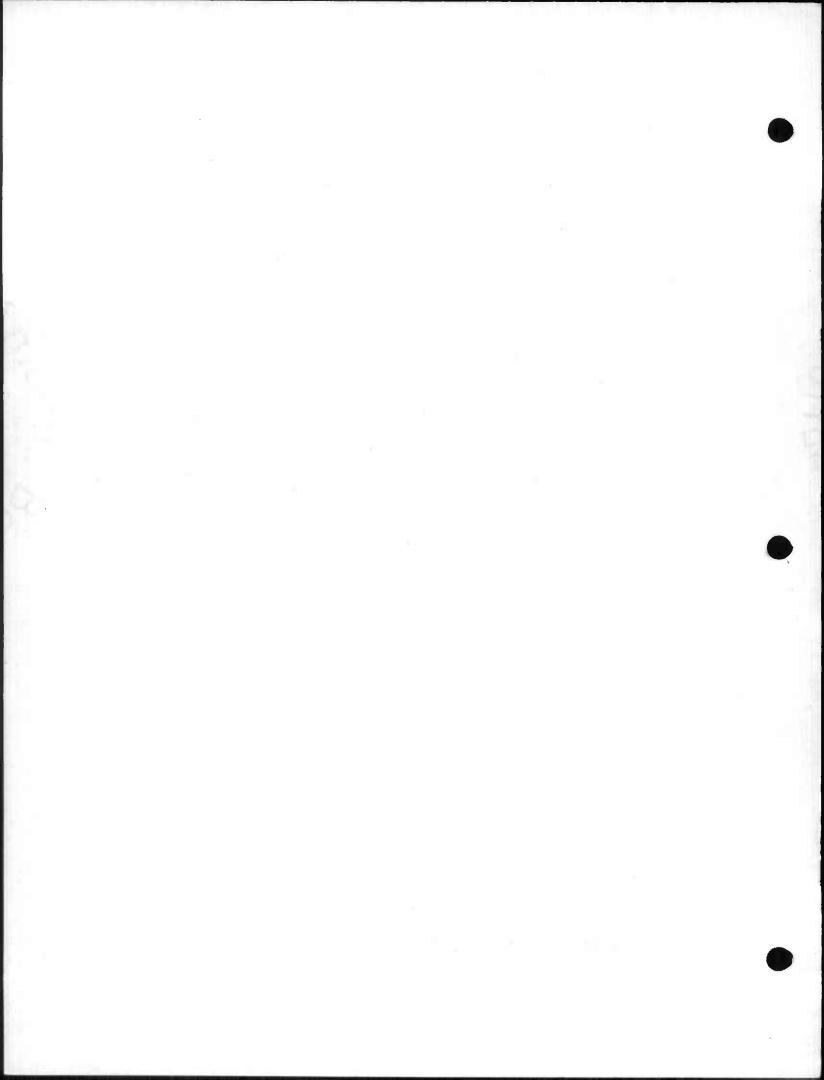


TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending ploe filed within 72 hours after death with the State Dept. of Health and Memal Hygiene IMPORTANT: It item 28 is marked, or item 23 shows any inlury, or other	ICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be in	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	th th	MPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR		STATE OF N	MARYLA	ND / DEPAR CERTIF			EALTH AND	MENTA	L HYGIEN	E		
1. DECEDENT'S NAME (First	, Middle, Last) Mav	Shade	۵				DEMI	2. DATE	of DEATH ruary	11×3 1 (998	3. TIME OF DEATH 12:00PM
4. SOCIAL SECURITY NUME		5. SEX		yrs. last birthday)		R 1 YEAR	IF UNDER 24 HRS.	7 DATE	OE BIETH		8. BIRTH	PLACE (State or Foreign
219-20-259	0	1 M 2 🕽 F	73	YRS.	MONTHS	DAYS	HOURS MIN.	Oct	. Day Year)	1924	Country	ryland
9e. FACILITY NAME (If not in					9b. CIT		R LOCATION OF O			9c. COUN		
661 W. Ada		cle			L	Wo	odsboro			Fre	eder:	ick
10e. STATE	10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT						10d. INSIDE CITY LIMITS?
Maryland		ederick					odsboro					1 🖾 YES 2 🗌 NO
661 W. Ad		rc1e				101	ZIP CODE	798		10g. CITIZ		S.A.
11. MARITAL STATUS		12. WAS DECEDEN FORCES? 1			13.		ENDENT OF HISPA			or No—	14. RACE	- American Indian, White, etc.
1 Never Merried 2 3 Widowed 4 Divo		IF YES, GIVE V					2 X NO Specif		Hicen, etc.)			White
15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	1	18e. DECEDENT'S	USUAL C	OCCUPATIO	ON st of working	168	. KIND OF BU	SINESS/IND	JSTRY	
Elementary/Secondary (College (1-4 or 5	·)	packe	se retired.)				opt	ical	co.	
17. FATHER'S NAME (First, M							18. MOTHER'S NA	ME (First,	Middle, Malden	Surname)		
Jesse E.									Ramst			
Patricia D.		/daughte	r				e Ave.		ber, City or Tow kersvi			21793
20e. METHOD OF DISPOSIT 1 X Burlet 2 Crematic 4 Donetion 5 Other	on 3 🗆 Rem	noval from Stata	20b. F	PLACE AND DATE Pery, crematory or of Sthaven	OF DISPO	SITION (No	rdens	DAT 2 / 6	20c.LO	Ered		
21. SIGNATURE OF FUNERA	L SERVICE LI	1 1 1	/	LA			ID ADDRESS OF FA	CILITY				
▶ (atha	rine	(V. X	Sor.	Eler		404	S. Main		artzle Woods			
23. PART I. Enter the d	Iseesee, or eart failure.	complications the	t ceused	the deeth. Do								Approximate Interval Between
IMMEDIATE CAUSE (Fit	nai					ı			ь			Onset and Death
reaulting in death)	\rightarrow	a. Chron	100 AS A C	Obs to	- U	huc	Polmo	onas	7 1)	iscx.	1c	Zyears
		DOE 10	(01 10 1	JONSEOVENUE O	··).							
Sequentially list condit if any, leading to imme	diate	DUE TO	(OR AS A C	CONSEQUENCE O	F):							
CAUSE (Disease or Inju		C. DUE TO	OR AS A	ONSEQUENCE O	F).							
that initieted events reaulting in death) LAS	т		(OR AS A C	ONSEQUENCE O	r-):							
		d										
PART II. Other significa	ant condition	ne contributing to	deeth bu	t not reaulting	In the u	nderlyin	g ceuse given in	Part i.	24a. WAS AN PERFOI		24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
									1 TYES	HO	1	COMPLETION OF CAUSE OF DEATH?
DID TOBACCO U	JSE CONT	RIBUTE TO CA	USE OF	DEATH Y	ES D*	NO F	UNCERTAI	ΝП				1 YES 2 NO
25. WAS CASE REFERRED T				6. PLACE OF DEA			, OTTOLICIAL					
EXAMINER?		HOSPITAL:	ER/Output	Nent 3 DOA	OTHE 4 Nu		e 5 KRasidence	6 Oth	er (Specify)			
	Pending	26e. DATE OF (Month, L		26b. TIN	AE OF JURY M		URY AT PRICE 2 NO	26d. DE	SCRIBE HOW	INJURY OCC	URED	
	Investigation Could not be	28e, PLACE (OF INJURY -	- At home, farm,	street, fac	ctory, offic	•		CATION (Street or Town, State		or Rural F	Route Number,
4 Homicide	determined	NOVANI, To										
(Check only		ER: On the basic of a) and manner ae stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE		m. 0				29c. LICENSE NU	-		1		(Month, Day, Year) F _ 9B
30. NAME AND ADDRESS O		HO COMPLETED CAU										
Michael Le		32. REGISTRA		E. Frede	ericl	k St.	. Wall	kers	ville,	MD 2	1793	
FFR		11.		Rodall								
	- 100	()		A DECEMBER						-		DHMH-16 Rev 1/89

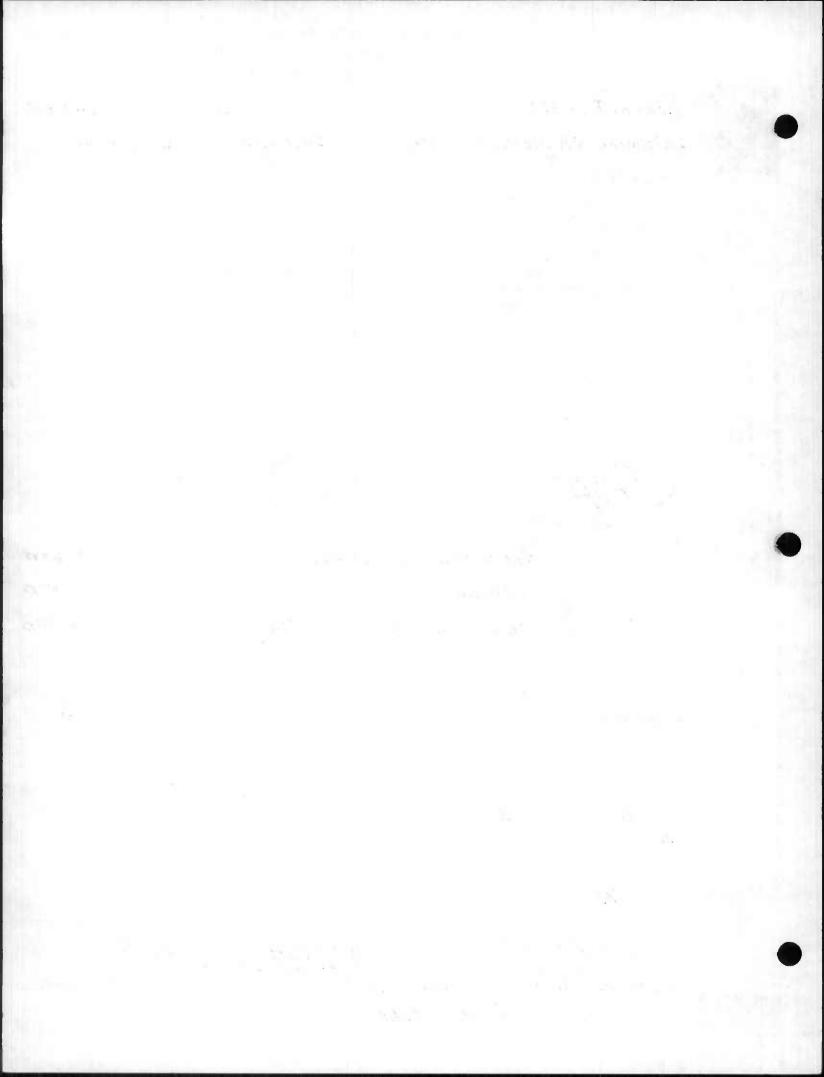


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Neme (First, Middla, Last) 2. Data of Death **Physician** Robert T. Settle Month 3:14 PM /Medical 4e. Fecility Name (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BAltimore Baltimore Center BAltimore VA Medical If Undar 1 Yeer If Under 24 Hrs. Months Days Hours Min. 5. Social Sacurity Number Birthpiaca (Stata or Foreign Country) 7. Aga (In yrs. last birthday) 8. Dete of Birth (Month, Day) **Funeral** 1**X** M 2□ F Months Director 217-28-5425 6/6/1931 MARYLAND Usuai Residanca of Decadant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits in end Mental Hygiene. 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Medical Examinal must be not ad Director 1 ☐ Yas 2 No CARROLL WESTMINSTER 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? Pages 1 and 2 should be filed within 72 hours after death with each death end Mental Hygiene. 2542 MURKLE RD. 21158 USA. by Funeral 12. Was Dacedent Ever in U.S. Armed Forcas? 1 ☑Yas 2 ☐ No If Yas, Giva KOREAN Yaar or Dates: WAR Wes Decedent of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puarto Ricen, atc.) 14. Raca - Amarican Indien, Biack, White, atc. 1 Nevar Married 28 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working iifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilaga (1-4or 5+) OWNER & MANAGER TIRE STORE 12 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Be ROBERT FULTON SETTLE MARY ELLA ELLIOTT 19a. informant's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) nt: If Nem 27 is DONNA J. SETTLE P.O. BOX 15, WESTMINSTER, MD. 21158 -WIFE 20b. Placa of Disposition (Name of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Buriel 2 ☐ Cramation 3 ☐ Ramoval from State Department of Important: If any injury or 4 Donation 5 Other (Specify) EVERGREEN MEM.GARDENS2/6/98 FINKSBURG, MD. 22. Nama and Address of Fecility FLETCHER FUNERAL HOME 254 E. MAIN ST., WESTMINSTER, MD. 21157 23a. Part1. Enter the crussels, or complications that ceused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart faire a. List only one ceuse on each line. Approximate Intarvai Between Onset end Death **Physiclan** /Medical Immadiata Causa (Finai · Yneumonia with 8 DAYS disaasa or condition rasulting in daath) Examiner Physician/Medical Examiner DAYS or Attending Physician: The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immadiate ceuse. Enter Undarlying Causa (Diseesa or injury that initiated events rasulting in daeth) Last Bleedina Box 68760, GASTro IntestinAl 10 DAYS deteched for use Pert il. Other significant conditiona contributing to death but not rasulting in the undarlying causa given in Part i. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, λq 24b. Wera autopsy findings evailable prior to complation of cause of deeth? Completed 24a. Was an autopsy performed? page 2 1 Yas 2 No certificete 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Piaca of Daath (Check only ona) Hospitei: 1 Inpatiant 2 ER/Outpatient 3 DOA Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) Certification: To 1 Yes 2 No this 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 28b. Time of 28c. injury at Work? 28d. Dascribe how injury occurred After 5 Panding invastigation 1 Natural efter death. 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datarmined 3 Suicide 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At homa, farm, straat, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours e Hospital Certifying Phyaician: To tha best of my knowledge, deeth occurred at tha time, deta end place, end due to the causa(s) and mannar as stated.

Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, daath occurred at tha time, data and place, and dua to the ceuse(s) and manner stated. 29e. Certifian Medical (Check only one) within 2 To the ŧ, 29b. Signature and little of certifier 29c. Licansa number 29d. Data signed (Month, Dey, Year) VAI 30. Nama and andress of person who compl ed ceusa of death (item 23e) (Type, Print) BALTIMORE IAS 21201 3. Registrar's Signatura

Julia Divolver Reviell 10 000 31. Data filed (Month, Dey, Yaar) State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth Month **Physician** Rita Stackhouse February 3, 1998 3:20 P.M. /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Prince George's 2908 Parkland Drive Forestville If Under 1 Year 5. Sociei Sacurity Number 7. Age (In yrs. lest birthday) If Undar 24 Hrs. Birthplece (State or Foreign Country) 8. Data of Birth (Month, Dev. Year) **Funeral** Days 1 ☐ M 2 💢 F Months Hours Yrs. 578-70-0596 Director August 17, 1925 Charles Co., MD Usual Residence of Decadent death with the Maryland works ! 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23a or 28a-f show of cal Examiner must be notified at Director 1 ¥ Yes 2 □ No District of Columbia Washington 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 820 5th Street, N. E. 20002 United States Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health end Mental Hygiene. Important: If item 27 ia marked other than "natural", or ite any injury or other traumatic event, the Medical Exercities 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: Completed by 3 ₩ Widowed 4 Divorced Black 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 6 Housewife Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be P Albert Proctor Florence Proctor 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Sandra Stackouse - Daughter 3936 7th Street, N. E., #3, Washington, D. C. 20017 20b. Piece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑Buriai 2 ☐ Cremation 3 ☐ Removel from Stata 4 ☐ Donation 5 ☐ Other (Spacify) HARMONY MEMORIAL PARK 2/10/98 Landover, MD ture of Euneral Service License 22. Neme and Address of Facility STEWART FUNERAL HOME, Inc. 4001 Benning Road, N.E., Washington, D. C. 234 Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiretory errest, hock, or heart feilure. List only one ceuse on each line. Approximete Intervei Between Onset and Deeth **Physician** CONGESTIVE HEART FAILURE Immediete Cause (Finel diseese or condition resulting in deeth) /Medical MONTH **Examiner** CUTE MYOLARDIAL INFARCTION Physician/Medical Examiner The law requires that the death certificate be executed for use es the burial-trensit Sequentielly list conditions, if eny, laading to immediata ceuse. Enter Underlying Cause (Diseese or injury that initieted events resulting in deeth) Last P.O. Box 68760, Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? ata has been signed by page 2 should be dated 1 Yes 2 No 3 Probably 4 Unknown Records, þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? certificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital Attanding Physician: Be 25. Wes cese referred to medicei examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 PResidence 6 Other (Specify) P 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this 28c. Injury et Work? Medical Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Aftart Division s effer des. ral Director: Afte 1 Naturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide filled in by 28e. Plece of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 6 To the Hospital of within 24 hours ef To the Funeral D completely filled in 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifiar 29c. Licensa number 29d. Dete signed (Month, Day, Year) 30. Nema and eddress of person who completed cause of deeth (item 23a) (Type, Print)

RASAR ABU M.D. 7501 SURRATTS ROAD, SUITE 208 B, CLUNTON MD RASAR ABU 32. Register's Signeture 31. Dete filed (Month, Dey, Year) State

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Registrar

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			State of Maryland /	Certificate	of Death		Reg. No.		1280
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ath with the Marylan 23s or 28s-f show	Director	Maryland prince Ge-	orge's Mitc	hellville 10f. Zip Co	de		10g. Citizen of	Whet Country	1 Yes 2 No
ath wil		3800 Lottsford Vis	ta Rd.	207	31		U.S.	Α.	
ar de	by Funeral	11. Merital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	2. Was Decedent Ever in U.S. Armed Forces? 1⊠Yes 2□No Retin HYes, Give Yeer or Detes: in 1962	13. Wes Deceden If Yes, specify	t of Hispenic Origin? (Sp Cuben, Mexican, Puerto No Specify:	ecify Yes or No Rican, etc.)		ce - American ck, White, etc y: White	c.
Daltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours aft Department of Health and Mantel Hygiene. Important: If item 27 is marked other than "natural", or any injury or other traumatic event, the Ned Call Example in Industrial Examples.	Completed	15. Decedent's Educ (Specify only highest grade Elementery/Secondery (0-12)	ation 16 Completed) College (1-4or 5+)	a. Decedent's Usuel C (Give kind of work of life. DO NOT use r Budget Ana	ccupation fone during most of work etired)	ing	U.S. N		stry
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death certificate be associed death certificate be associed e attending physician and dor use es the bunial-fransit	Examiner	Immediate Cause (Finel disease or condition resulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	Atrial Fibri Due to (or es Congestive F	e consequenca of): .11ation e consequence of): leart Failu	re				Inset end Deeth
death certificate attending physical of for use es the	n/Medical	resulting in deeth) Lest	Due to (or es e	ted					
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2 S & C	Completed b						en eutopsy ermed?	eveile	eutopsy findings able prior to pletion of cause eth?
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3445	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injury - At home, building, etc. (Specify)	ferm, street, tectory, of	fice	28f. Location (City or To	Street end Numb wn, Stete)	per or Rurel F	loute Number,
To the Hospital within 24 hours a To the Funeral Completaly filled	edical (29a. Certifier (Check only one) 1 Certifying Phyal 2 Madical Examin	clan: To the best of my knowledger: On the basis of examination end menner stated.	ge, deeth occurred et to and/or Investigation, in	ne time, date end place, my opinion, deeth occur	end due to the red et the time,	cause(s) end ma date end plece,	anner as stete and due to th	ed. ne ceuse(s)
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(2)				D 1	.4156		2/5/98	3	
(2)		30. Name and eddress of person who cor Ciro A. Montanez,			#140 Landov	ver, Md.	. 20785		
S Regis	tate trar	31. Dete filed (Month, Dey, Year) FEB 06 X	32. Registrar's Signeture	ion Randall					

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. 5.2.8 State of Maryland / Department of Health and Mental Hygiene

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	ryland how		Usual Residence of Decedant 10a. Stata 10b. County		10c. City,	Town or Lo	cation			Insida City Limits					
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	23e or 2	Funeral Director	10301 Old Fort Ro	1.			10f, Zip Coda 20744		1	U.S.A	,	?			
Maryland 21215-0020	iges 1 and 2 should be filed within 72 hours after death with the Maryland it of Heelih and Mential Hygiene. If Itam 27 is marked other than "natural", or items 23a or 23e-f show or other traumatic event, the Medical Exemple must be notified at	by Fune	11. Marital Status 1 ☐ Navar Marriad 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Decedant Armed Forcas? 1 \(\) Yas 2 \(\) If Yas, Giva Yaar or Datas:	10		Vas Decedant of H i Yas, specify Cuba I □ Yas 2 ☒ No	lispanic Origin? (S an, Maxican, Puart Specify:	pecify Yes or No- o Rican, atc.)		ce - Amarican ck, White, atc y: Whit				
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death 08:25 Am 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** Month WILLIAM SCHAEFFER JANUARY 29,1998 /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Death **Examiner** FORT WASHING TON WASHINGTON HOSPITAL PRINCE GEORGES 6. Sex-1 ☐ M 2 ☐ F If Undar 1 Year If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplaca (Stete or Foreign Country) **Funeral** Months Days 69 Yrs. Director 579-30-4901 June 27,1928 Washington, D.C. Usual Residence of Decedent the Meryland 10a Stale 10b County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at 1 Yes 2 No Maryland Prince George's Director Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 20744 667 Broad Creek Drive 12. Was Decedent Ever in U,S.
Armed Forces?
1 △ Yas 2 □ No
If Yas, Give
Year or Datas: Korea Was Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, Biack, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exerci-1 Never Marriad 2 Married Specify: White Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Television Cameraman 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Florence E. Kelpy Roscoe H. Schaeffer 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 667 Broad Creek Dr. Ft. Washington, Md. 20744 Marion Schaeffer/Wife 20b. Place of Disposition (Name of cematary, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stale to Burial 2 ☐ Cremation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Other (Specify) 1/31/98 Brentwood, Md. Ft. Lincoln Cemetery 21. Signature at Funeral Service Licensee 22. Name and Address of Facility
George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md. 20745 Part. Enter the disease, or complications that caused the death. Do not anier the mode of dying, such as cardiac or respiratory arrest, shock, or heart union. List only one cause on each line. Approximate Interval Between Onset and Death Physician HYPERTENSIVE . APTERIOSCUEROTIC CARPIOVASCULAR DISEASE /Medicai Immediate Cause (Final disaese or condition resulting In death) **Examiner** physician and the buriel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Tyes 2 No 3 Probably 4 Unknown VIABETES MELLITUS py 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: After this certific 25. Was case referred to medical exeminer?

1 Yes 2 No Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. Menner of Death 28d. Describe how injury occurred Certification: 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcida Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, farm, street, factory, office building, etc. (Specify) illed in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) Medicai 29a, Certifier and manner sta 29d. Data signed (Month, Day, Year) DME cause of death (Hom 23e) (Type, Print) 3001 HESPITAL DRIVE, CHEVERLY, MARYLAND 20785 M GOLLE 32. Begistrar's Signature

DHMH 16 Rev 6/95

Registrar

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State of Maryland / Department of Health and Mental Hygiene |

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Defe of Deeth 3. Time of Death **Physician** Month ISAH SILLAH 5:19 AM February 1, 1998 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** PRINCE GEORGE'S HOSPITAL CHEVERLY PRINCE GEORGE'S Hours Min. 8. Dete of Birth (Month, Day, Year) 03/16/1949 5. Social Security Number If Under 1 Year Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthdey) **Funeral** Deys 1 M 2 F 219-21-7703 48 Yrs Director West Africa Usuel Residance of Decedent with the Merylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-1 sho MD Prince George's Hyattsville Yes 2 No Director 10e. Streef and Number 10g. Citizen of Whet Country? Sierre Leone, West Africa 10f. Zip Code 6327 Landover Road, #201 20785 Funeral filed within 72 hours efter death 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Raca - American Indien Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: Black 3 ☐ Widowed 4 ☐ Divorced Completed traumatic event, the Medical 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Elemantary/Secondary (0-12) Collega (1-4or 5+) 12th Nurses Aide Private 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middle, Melden Sumeme) Be Peges 1 end 2 should be 1 nent of Health and Mental I Ahmed Sillah Fatu Kamara 2 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Health a 4907 66th Avenue, Hyattsville, Maryland 20784 Ahmed Wurie / Brother or other 1 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 02/07 20c. Location - City or Town, Stete 1 DBurial 2 Cremetion 3 Removel from State permit. Pege Depentment of Important: If any injury or Washington National Cem. Suitland, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 1998 21. Signature of Funeral Service Licensee 22. Name and Address of Facility
J.B. JENKINS FUNERAL HOME harled I Downos 7474 Landover Road, Landover, Maryland 20785 23a. Pert1. Enter the disaese, or complications that causad the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on aech lina. Approximeta Intervel Between Onset end Deeth **Physician** /Medical Immediete Cause (Final disease or condition resulting in death) Examiner Examiner The lew requires that the deeth certificate be executed buriel-trensit Sequentially list conditions, if eny, leeding to Immediate cause. Entar Undarlying Cause (Diseese or Injury thef initieted events resulting in death) Lest physician sthe buriel P.O. Box 68760. Physician/Medical Due to (or es e consequence of): sate has been signed by the e pege 2 should be detached for Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? Records, þ Completed 24a. Was an autopsy performed? Were autopsy findings eveileble prior to completion of cause of death? certificate Division of Vital Hospital or Attending Physician: director, Be 25. Was case referred to medical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient Certification: To 1 Yes 2 No 2 ER/Outpetient 3 DOA this 28e. Dete of Injury (Month, Dey Year) funerai 27. Menner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? After 1 Determined 2 Accident 5 Pending Investigation after death. 1 ☐ Yes 2 No the 6 Could not be determined 3 ☐ Sulcide 28f. Locaflon (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide 24 hours Medical 29a. Certifier Certifying Phyelcian: To tha best of my knowledge, death occurred ef the time, dete end plece, end due to the ceuse(s) end mennar es steted. completely 2 Medical Examiner: On the basis of axamination end/or investigetion, in my opinion, death occurred et the time, dete and place, and due to the ceuse(s) end menner stated. To the within 2 To the 29b. Signetura end fille of certifier 29c. License number 29d. Dete signed (Month, Day, Year) 31. Dete filed (Month, Day, Year) 32. Registrer's Sign State Registrar 03 1998

98-0477-510 jhm RICHARD L SAUNDERS

Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible.

State of Maryland / De

partment of Health and N	Mental Hygiene	0	5	2	8
ertificate of Death	Reg. No.				

4b. City, Town, or Location of Deeth

Physician
/Medical
Examiner
Examiner

RICHARD L. SAUNDERS

1. Decedent's Neme (First, Middle, Last)

2. Dete of Deeth Month FEBRUARY 1, 1998

4c. County of Deeth

3. Time of Death 03:00 AM

Birthplece (State or Foreign Country)

BLACK

10d. inside City Limits

Approximete Interval Between Onset end Death

24b. Were eutopsy findings eveileble prior to completion of cause ot deeth?

1 →Yes 2 No

Funeral Director

ir than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at

other

with the Maryland 2 should be filed within 72 hours efter death end Mental Hygiene. 7 is marked other traumatic event, i . Pages 1 and 2 s ment of Health en

Physiclan /Medical Examiner

permit. Pages Depertment of Important: If it any Injury or of DDCs.

physician and the burial-transit death certificate be executed Box 68760. ettending p for use es 86 detached o the The law requires that signed t Records, been si hes certificate her Division of Vital or Attending Physician: director, this funeral After deeth. Director: A in 24 hours the Funeral Direc-

4e Facility Neme (If not institution, give street end number) BALTIMORE SHOCK TRAUMA UNIT if Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) SEPT 2.7-55 BALTO MD. 5. Sociei Security Number 6. Sex 1 ☐ M 2 ☐ F 7. Age (In yrs. lest birthday) Months Deys Hours Min 214-66-5800 Yrs. 42 Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location Directo MD. BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 3707 CHESHOLM RD. Funeral 21216 U.S. A 14. Rece - American Indien, 12. Wes Decedent Ever in U.S. Armed Forces? /////85 1 ★ Yes. 2 No If Yes. Give Yeer or Detes: //21/97 Wes Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Maritel Stetus Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: Specify: à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) 12TH ARMED FORCES MILITARY 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be MATTHEW SAUNDERS KATHERINE ALLEN 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 3707 CHESHOLM RD. KATHERINE SAUNDERS BALTO, MD. 21216 20b. Plece of Disposition (Name of cemetery, cremetory or other place) Dete 20c. Location - City or Town, Stete 20a. Method of Disposition NORTHERN VA. CREMATORY 2/3/98 1 Buriel 2 Cremetion 3 Removal from State ARLINGTON VA. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 6234 3rd ST. N.W. TRI-STATE F/S deander Pert1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart tailure. List only one cause on each line. Immediate Ceuse (Finel diseese or condition resulting in death) e. Gunshot Wounds of fead and left Chest Due to (or es e consequence ot): Examine Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot): Physician/Medical Due to (or es e consequence ot) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 22 No 3 Probably 4 Unknown by 24e. Wes en eutopsy performed? Completed Wes 2 No 25. Wes case reterred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 28a. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 27. Menner of Death 28b. Time of Injury 28c. Injury et Work? Certification: subjects hot 1 Natural 5 Pending 1 Yes 2 No 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) Investigetion 2 Accident 6 Could not be determined 3 Suicide Location (Street end Number or Rurel Royte Number, City or Town, Stele) 3710 Ches holm 4 Momicide Street Bulhmere Md 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29e. Certifier edicai 20 Medical Examinar: On the besis of examinetion end/or Investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and manner stated. (Check only 29d. Dete signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. License number OCME FEBRUARY 01, 1998 Church 12 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Dennis J. Chute up 111 Penn Street, Baltimore, Maryland 21201 31. Date tiled (Month, Day, Year) 32. Registrer's Signature

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DHMH 16 Rev 6/95

Hospital

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State.

FFR 03 1348

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death 2. Data of Death
Month
Day
Yaar
JANUARY 26, 1998
pocation of Death
4c. Country of Death 4:45Pm ber 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath Cheverly Prince George HOSpital

7. Aga (In yes. last birthday) Krince George if Under 24 Hrs. 8. If Under 1 Year 5. Social Security Number Date of Birth (Month, Day, Year) 9. Birthpiaca (State or Foreign 12M 20 F Months Days Hours Min. 2464600 38 65 Yrs 14 1433 Usual Residence of Decedent 10a. Stata 10b. County 10c. City, Town or Location 10d. inside City Limits 1 Yas 2 No vattsvi 10e. Street and Number 10g. Citizen of What Country? 1800 14. Race - American Indien, Black, White, etc. 12. Was Decedant Ever in U.S. Armed Forcas? Was Dacedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Status 1 ☐ Yes 2 ☑ No
If Yes, Give
Year or Detes: 1 Navar Married 2 Married 1 Yes 2 No Black Specify: 3 ☑ Widowed 4 □ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Repair Repair ofth NONE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Henr pells 19a. Informant's Name/Reletionship (Type, Print) DAughter 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 23236 Spells Scottingham Ct Donna Kich mond 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State /31/98 Washington D.C. livet cem: 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signalure of Funeral Service Licanses F/5 6234 3rd St N.W. Part I. Enter the disease, or complications that ceused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Immediate Cause (Finel disease or condition resulting In death) pertens. Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest Due to (or as a consequence of) Due to (or es e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? e Dironder 1 Yes 2 ANo 3 Probably 4 Unknown beter mell. Tus 24a. Was an eutopsy performed? 24b. Were autopsy findings evailable prior to complation of ceuse of death? 2 No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical examiner? 26. Place of Death (Check only one)

Physician /Medical Examiner

Physician

/Medicai

Examiner

Director

Funeral

P A

Completed

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Funeral

Director

7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mentel Hygiene. Importent: If Item 27 Is marked other than "natural", or Items 23s any Injury or other traumatic event, the Medical Experience.

Saltimore, Maryland 21215-0020

the Maryland

with 1

Examiner physician end the burial-transit Physician/Medical

signed by the atta Š Completed or Attending Physician: effer daeth. Director: After this carifica Be Certification: To funaral

Division of Vital Records, P.O. Box 68760,

5 Pending investigation

6 Could not be

Hospital:

1 Unpatient 2 ER/Outpatient 3 DOA 28a. Date of injury (Month, Day Year) 28b. Time of 28c. Injury at Work?

28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

12 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licansa number

29d. Data signed (Month, Day, Year)

e George Hospital

31. Date filed (Month, Day, Year)

29b. Signatura and title of certifiar

27. Manner of Death

2 Accident

3 Suicide

29a. Certifier

4 Homicide

Natural

State Registrar

Medical

To the Hospital of within 24 hours of To the Funeral D

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	/Medic Examine		4e Fecility Neme										or Location of De	eth 4c. Count	ty of Deeth	
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020	72 hours affar deeth with the Maryland natural, or items 23a or 28a-f show or at Examiner must be intitled	by Funeral	11. Meritel Stetus 1 Never Ma		ried	12. Wes Deci Armed Fo 1 X Yes If Yes, Gir Yeer or D	orces? 2 No ive			es Deced es, spec		ispenic Origin? an, Mexican, Po Specify:	(Specify Yes or I uerto Ricen, etc.)	Bie	eck, White	ican Indien, , etc. o-American
21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Marylen Fleath end Mentel Hygiena. It health end Mentel Hygiena. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exerciner mant be notified at	Completed	Elementary/Sec 12th		st gra	lucetion de completed) Coilege (-	16a. I				ation during most of f) sistant			ivate	ndustry
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ary	should by the same		19e. Informent's I	Name/Reletion:	ship (7	Type, Print)		19b.	Meiling	Address	(Street	and Number o	Rural Route Nun	nber, City or Town	n, Stete, Z	ip Code)
	Health e em 27 is		Irvin E	. Seaw	rig	ht/Husb	and	5	656	Rock	c Qu	arry Te	rrace,Su	itland,	1D 20	747
Baltimore,	Pages 1 and nent of Health nt: If Item 27 iry or other tr		Irvin B. Seawright/Husband 20e. Method of Disposition 1 Buriai 2 Toremetion 3 Remove from State 4 Donetion 5 Other (Specify) 20b. Plece of Disposition (Name of cemetery, crematory or other plece) Metropolitan Crematory 1/1/30/98 Alexandr													
Balt	permit. Pages of Department of Himportant: If its any injury or of page.		21. Signature of F	wester Service	Licen	(O. ×	Li	1		2. Name end Address of Facility Robert G. Mason Funeral H						ral Home
	Physician /Medical Examiner	ler	23a. Pert1. Enter shock, or he immediate Ceuse disease or condit resulting in death	e (Finel	r comp		nt	force	he	ad		ig, such es car	diac or respiretory	errest,		Approximete intervel Between Onset end Deeth
0,	icate be executed physician end s the burial-trensit	Examiner	Sequentielly list of eny, leading to cause. Enter Und Ceuse (Disease of	conditions, immediate derlying	5	b								1		
-	THE PROPERTY.	Medical	Ceuse (Disease of thet initiated ever resulting in deeth	115		c	Du	ue to (or es e co	onseque	nce of):						
Box	death certif e attending d for use a	an				0.										
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ecord		Completed t											24e. W	es en eutopsy rformed?	8	Vere autopsy findings aveileble prior to completion of cause of death?
0	The late he page	00											1,1	¥Yes 2□No	1	Yes 2□ No
Vital	ician: Th certificate rector, par	Be (25. Wes cese refe exeminer?	erred to medice	el								Deeth (Check on	y one)		
of V	Q 50 Z	2	1 Yes 2	□ No		Hospital: 1	inpatient	2 ☐ ER/Out	petient	3 DC	Oth Oth	er: 4□ Nursir	ng Home 5□ Re	esidence 8 🗆 O	ther (Spec	city)
Division o	or Attending frar death. irector: After n by the fune	ertification:	27. Menner of Dec 1 Neturei 2 Accident 3 Suicide 4 Mennicide	5 Pendi invest	not be	Found 28e. Plece build	e of injury ling, etc.	-98 untr y-At home, far (Specify)	now) m, stree	ot, fectory		yet k? Yes 2.⊠(No	Subjection City or	(Street and Nun Town, State) 4	tor nberor Ry 616 D	n head real Route Number, avis Avenue
	papital o hours a ineral D ly filled i	Found on drive way Prince Georges of 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and									ne ceuse(s) end r	menner es	stated.			

State Registrar

Stephyn S. S. 31. Dete filed (Month, Day, Year)
FEB 08, 1998

30. Name end eddress of person who completed cause of death (item 23e) (Type, Print)

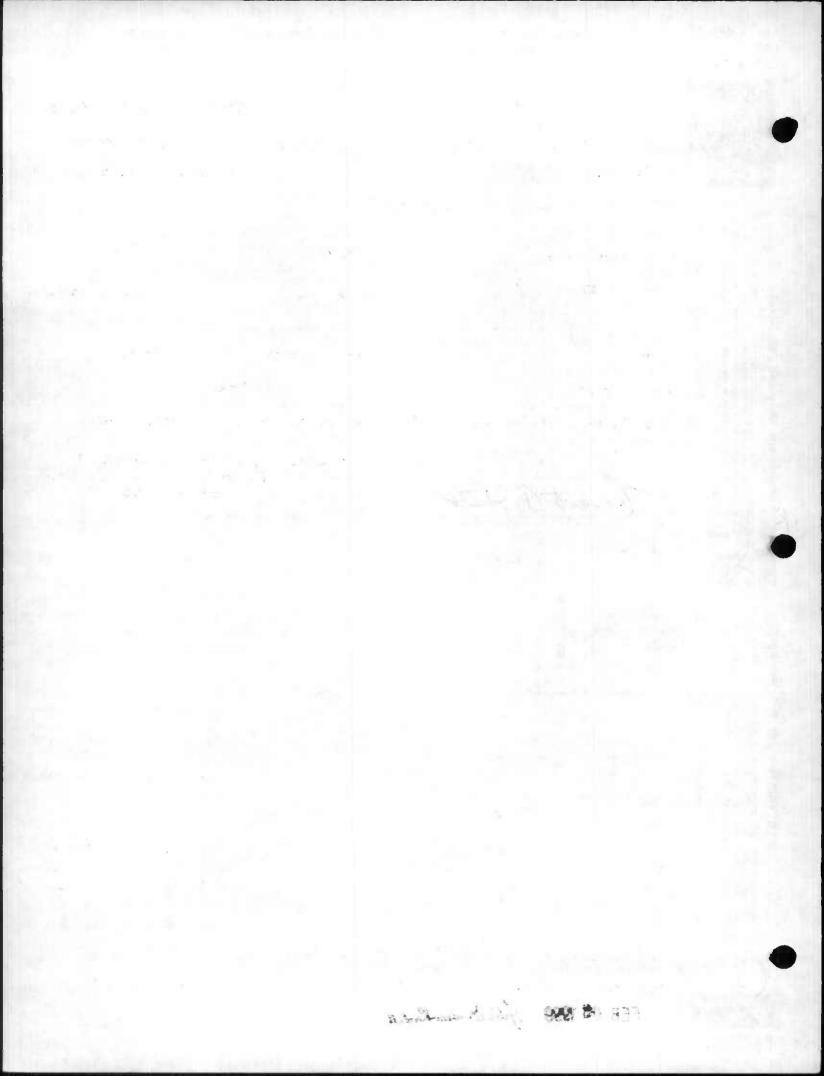
111 Penn Street, Baltimore, Maryland 21201

29c. License number O.C.M.E.

29d. Dete signed (Month, Day, Year)

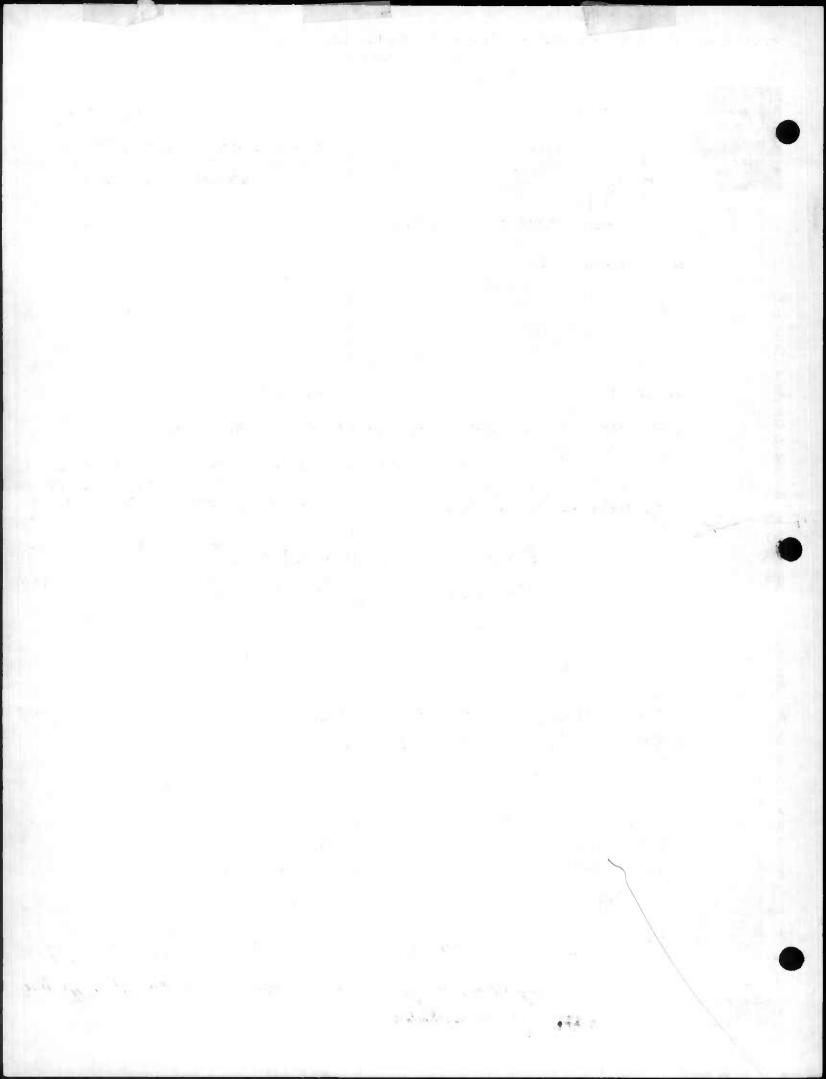
JANUARY 28, 1998

DHMH 16 Rev 6/95



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Exami	ner	4a. Facility Nama (If not Institu	HOSPITAL				4b. City, Town, or SILVER S	SPRING	MONTG	OMERY	
Funeral Director		5. Social Sacurity Number 226 36 1797 Usual Rasidance of Dacedant	6. Sex 1 ☐ M 2 💢 F	7. Aga (In yrs. 95		If Under 1 Year Months Days	If Undar 24 Hrs Hours Min.	. (Month, Day	Year) 1, 1902	Country	e (Steta or Foraign NIA
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ith the Mar or 28a-f si	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen of V	Vhet Country	?
death w		1830 LONGFORD				20782			UNITED		
_ i # #	by Funeral	11. Marital Status 1 Navar Married 2 N 3 November 4 Divorce	Armed Fo farried 1 ☐ Yas	2 No		Vas Decedent of H f Yas, specify Cub	Ilspanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, atc.)	14. Raci Blac Specify	a - Amarican ik, Whita, atc	
21215-0020 d within 72 hours et plene.	Completed	(Spacify only hig Elementary/Secondery (0-1)	dant's Education thest greda complated) College (1	1-4or 5+)	(Giva life. L	OO NOT usa ratire	during most of wo	rking	16b. Kind of Bu	isinass/Indus	
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V 25 D 9	To B	WILLIAM WHITE	2				WASH REI	ED			
Maryla d 2 should th end Mer 7 is marks traumatic		19a. Informant's Name/Raletic					and Number or R				oda)
of Heel		MARY STURDIVA 20e. Mathod of Disposition 1 XBurlal 2 Cramatic	_	20b. F	Place of Dispo	LONGFORD sition (Nama of natory or othar pla	DR., HYA	Data	20c. Location	20782 City or Town	, Stata
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Depariment of the same		Zi. Shaped ryman san	2	ull	/	Name and Address 0017 JOI	HN T. RH	030 12TH	and the same of the same of the same of		H., DC
death certificate be executed to a strength of for use as the buriel-trensit	edical Examiner	Immediata Causa (Final disaasa or condition resulting In daath) Sequantially list conditions, if ery, laading to immediate causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last	a. An b. Re c. Pin	Spir Dua to (co	er as a consequence of the conse	uango	lo po	why	•	F	-2 Well
P.O.	Physici	Pert II. Other eignificant cond	litions contributing to de	eath but not ras	ulting in the ur	ndariying cause giv	van in Part I.		obacco uae cor ras 2 No	3 Probat	e causa of death?
requires sign	Completed by Physician/M	Heart	Féil	we	F	++20:0	I.		en eutopsy med?	availa	autopsy findings able prior to lation of cause
I Re le The le ate hes page 2	Comp	4.02,110	than					1 🗆 Y	as 20 No	1 □ Y	V
on of Vita ling Physician: 1. After this certific funeral director,	Certification: To Be	E. C. Frooidaire	Hospital: 128a. Date		ER/Outpatien 28b. Tima of Injury	28c. Injur	ner: 4 Nursing l	ath (Check only on Homa 5 Rasid 28d. Dascribe h	ence 6 Othe		
Divisit To the Hospital or Attend within 24 hours effer death To the Funeral Director: completely filled in by the	Certifi	4 ☐ Homicida dete	ermined 28a. Place building	ng, atc. (Specif	y)	aat, factory, office		28f. Location (S City or Tow	n, Stata)		
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(Mumu	nano) (1	17	102	2981	6	JAN	28	1998
(10)		30. Nama and address of pers	Holy C	1055 1	405017	Print) 4 / 15	00 For	est 6/e	en Rd.	Silver	- Sp Md
St Regist	ate rar	31. Deta filed (Month, Day, Ye	ar) 32. R	agistrar's Signa	Restall						

DHMH 16 Rav 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Neme (First, Midd	Ne (ast)			Cei	rtificate of	Death	2. Dete of De	Reg. No.	L.I.	J Z O O	
Physic /Medi			T. Decedent's Name (First, Milu		na	В.	Sco	tt		Month 02	Dey 02	Yeer 98	3. Time of Death 11:30 AN	
	Exami		4a. Fecility Neme (If not institution, give street and number)						4b. City, Town, or	Location of Deet	h 4c. County	4c. County of Deeth		
L					ardens Nu				Lanhar				George's	
	Funeral Director		5. Social Security Number 122-22-8762 Usuel Residence of Decedent	6. Sex 1 ☐ M 2 🔀 F				If Under 1 Year Months Deys	s Hours Min. (Month, De				olece (Stete or Foreign htry) York	
Baltimore, Maryland 21215-0020	D M	ctor	10a. Stete 10b. County	,	10c. City			y, Town or Location			_	1	0d. Inside City Limits	
	hours after death with the Maryland hars!; or terns 23s or 28s-f show at Examiner must be notified at		Maryland Princ	Springda			ale	le t						
		al Director	10e. Street and Number 3615 Tyrol Drive				10f. Zip Code 2077				10g. Citizen of	. Citizen of Whet Country?		
		To Be Completed by Funeral	11. Maritel Stetus 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. Wes Dec Armed Fc 1 Yes Gi Yes Gi Year or D		2 ☑ No ve			Wes Decedent of Hispenic Origin? (S) If Yes, specify Cuben, Mexican, Puerto □ Yes 2☑ No Specify:		Specify Yes or No to Rican, etc.)		4. Race - American Indien, Bleck, White, etc. Specify: Black		
	72 ho natur dical		15. Deceder	nt's Education est grede completed)	letadi		Deced	dent's Usuel Occupetion kind of work done during most of work		rkina	16b. Kind of B	b. Kind of Business/Industry		
	uld be filed within dental Hyglene. rked other than "tic event, the Med		Elementary/Secondery (0-12)				life. L	life. DO NOT use retired)						
			17. Fether's Neme (First, Middle, Last)				Personnel Director 18. Mother's Nem					ernn	ient	
			Arthur E. Brooks					Ruth Stevenson						
	and A and A ama ama		19e. Informent's Neme/Reletions			19				urai Route Numb	ral Route Number, City or Town, Stete, Zip Code)			
	and and and and and and and and and and		Gregory Scot	tt/Son					Drive,	Spring	dale,	MD 2	20774	
	ant of H ent of H tt: If Ber y or oth		20e. Method of Disposition 1 ☐ Burial 23☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S		State			sition (Neme of netory or other ple		Date	20c. Location			
	spartmy sportan ny injur		21. Signature of Funerel Service			Cnes	22	ke Crema	ess of Fecility			lle,	Maryland	
ш	20288		J. B. Jenkins Funeral Home											
	Physician	ner	23e. Perti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, approximate interval Between Onset and Deeth											
	es that the deeth certificate be executed a grant igned by the attending physician end be detached for use as the buniel-transit		Immediate Cause (Finel disease or condition resulting in death) e. ASYSTOLE Due to (or es e consequence of): Correlated Metastasis 5 months											
Division of Vital Records, P.O. Box 68760,				C		1	D		tacis			1	5 mon Ths	
		Examiner	U. The state of th											
											3 475.			
		n/Medical	thet initieted events Due to (or es e consequenca of): d.											
		/ Physician/N	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco uea contributa to the causa of death?				
											1 ☐ Yas 2 ☑ No 3 ☐ Probably 4 ☐ Unknown			
	requires een sign hould be	ed by	Right Facial Palsy								24a. Wes en eutopsy performed? 24b. Were eutopsy findinge eveileble prior to completion of cause of deeth?			
		plet	Right Facial Palsy							perfe				
	0 - 5	Be Completed								10	1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No			
	iclan: The certificate rector, pag		25. Wes case referred to medica	I					28. Place of De	eth (Check only				
	5 00 0	To	exeminer? 1 ☐ Yes 2 ☑ No	Hospitei: 1 ☐ ir	patier	t 2 ER/O	utpatien	t 3 DOA Ott	ner: 4 Nursing h	Home 5 ☐ Resi	denca 6 □Oth	er (Specify	v)	
	fler th		27. Menner of Deeth 1 ☑ Neturel 5 ☐ Pendin	28e. Dete o			Time of Injury	28c. Inju	ry et rk?	28d. Describe	how Injury occur	red		
sio	Attending or deeth. ector: After by the fune	cati	2 Accident investigation M 1 Yes 2 No											
Divio	ofter defended birect	Certification:	3 Suicide 6 Could not be determined 28e. Piece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)											
	To the Hospital or Attending Phwith 24 hours efter deeth. To the Funeral Director: After this completely filled in by the funeral	edicai C	29a. Certifier (Check only one) 1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, dete and plece, and due to the ceuse(s) end manner steted.											
	Within To the		29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture											
(9/		30. Name and address of person	who completed cause	of de	eth (Item 23e)	(Type, I	Print	Ave su	ite 2600	River	dele	MD.20737	
	Sta			32. Re	gistre	r's Signeture	40001		,					
	Registr	ar	FEB 05 1998	Jahra Wand	hard	Paul M								

is the group of a con-

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

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	FOR 1 - STATE REGISTRAR		STATE OF MAR				HEALTH AND	MENT	AL HYGIENI	E			
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	4. SOCIAL SECURITY NUMBE			AGE (In yrs. le		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	,	8. BIRTH	PLACE (State or For	ign
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5	MARYLAND	CHAR	LES		IND	IAN HEA	AD.					LIMITS?	10
AL	10e. STREET AND NUMBER					1	Of. ZIP CODE			10g. CIT	IZEN OF W	HAT COUNTRY?	
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_	TADIA C.		TON JOHNS				LIVINGST					D, MD 20	0640
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			DUE TO (OR	AS A CONSE								Yeur	<
ON	Sequentially list condition		DUE TO (OR	AS A CONSE		unsia		_			_	Year	2
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F	resulting in death) LAST												- 1
	DART II ON A MI								T				
AL	PART ii. Other algnificer	t conditions	contributing to de	oth but not	resulting li	n the underly	ng cause given in	n Part i.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIN AVAILABLE PRIOR 1	O
ă									1 TYES 2	MO		OF DEATH?	WSE
ME												1 - YES 2 - N	0
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PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	26. PLA		OTHER:	9)			_			-
IYS	1 YES 2 NO 27. MANNER OF DEATN		1 Inpetient 2 EF				me 5 Residence						
	- 4	Pending	28e. DATE OF INJ (Month, Day, 1		286. TIME INJU	JRY V	YES 2 NO	28d. D	ESCRIBE NOW II	NJURY OC	CURED		
В	2 Accident	nvestigation	28e. PLACE OF IN	LIURY — At b	ome ferm et			201 14	OCATION (Street o	and themba	as as Dural I	Pareta Mirenhaa	_
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COMPLETED	29e, CERTIFIER					4.				_			
MPI	(Check only		CIAN: To the best of my			N.							
8			R: On the basis of exam	ination eng/or	Investigation	n, in my opinion	death occured at the	e time, d	ite end place, en	d due to t	he ceuse(s) end manner es st	ited.
BE	29b. SIGNATURE AND TITLE	SEMINEN	100			1	29c. LICENSE NU	JMBER	G	29d. DA1	TE SIGNED	(Month, Day, Year)	
0		The	W my	w	~~~	MM	0 400	17			2/1	0191	
	30. NAME AND ADDRESS OF					- 11		1 1 1		07.5	3/15-	TT 4370 00	
	ROBERT L. DA	facel	22 DESIGNATION			NE CEN	TRE, SUIT	E 10	JU WALD	UKF,	MARY	LAND 20	002
	31. DATE FILED (Month, Day, Y	ĭ 1998	32, REGISTRAPIS	LUCION	Carlatt								
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State of Maryland / Department of Health and Mental Hygiene 8 15290

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ľ	Physic	ian	1. Decedent's Neme (First, M	iddle, Last)	-0-	6				2. Dete of D Month	eeth Dey	Yeer	3. Time of Death
	/Medi Exami		4a. Fecility Neme (If not institu	tion, give stre	ERE				4b. City, Town, or		TARY_6-	v of Deeth	12:10PM
	Exam	ler	SOUTHERN		ARVLA	-	16591	TOI		Ton			GEORGE.
	Funeral Director		5. Sociel Security Number 578–38–8335	6. Sex	7.		lest birthday) Yrs.	If Under 1 Yes Months Dey	ar If Under 24 Hrs	8. Date of Bi	irth ey, Yeer)	9. Birth	plece (Stete or Foreign ortry) ington, D.
	pu &		Usuel Residence of Decedent 10e. State 10b. Cou			100 Ci	ty, Town or Lo	antion					
	Aaryla f sho	ŏ	Maryland Char				ldorf	Cation					10d. Inside City Limits 1 X Yes 2 No
	the P	Directo	10e. Street end Number	103		wa.	CUOLI	10f. Zip Code			10g. Citizen of	What Cour	
	ith with the Marylar 23a or 28a-f show	alDi	6271 Woodchu	ck Plac	ce			206		1	USA	TTTM OOD	All y
020	filed within 72 hours efter death with the Maryland Hygiene. ther then "natural", or itema 23a or 28a-f show int, the Madical Examination must be notified at	by Funeral	11. Marital Status 1 □ Never Merried 2√ N 3 □ Widowed 4 □ Divor	Married	Wes Decede Armed Force 1 Yes 2 If Yes, Give Yeer or Dete	s? No		Nas Decedent of f Yes, specify Co I ☐ Yes 2 N	f Hispanic Origin? (\$ uban, Mexican, Puer o <i>Specify:</i>	Specify Yes or N to Rican, etc.)	0- 14. Re Bie Specii	ce - Americ ck, White, fy: Whi	etc.
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ylai	2 should be filed end Mentel Hygi Is marked other aumatic event, I	To	Mario T	eresi					Beatr	ice Ba	llard		
Maryland			19a. Informent's Name/Ralati						et and Number or R	ural Route Numb	per, City or Town	, Stata, Zip	Code)
	f Heelth f Heelth itsm 27 other to		Frances V. Te	resi/w	ire	20h F		as ite	m 10	Dete	20c. Locetion	City or T	Cloto
Baltimore,	9 = 5		1 ☐ Burial 2 ☐ Cremetic		oval from Sta	te Me	cemetery, cran	tan Cre	matory 2/	10/98	Alexand	,	
altir	nit. Perantment: ortant: injury		4 Donetion 5 Other 21. Signeture of Funeral Serv		1		22	. Name end Add	ress of Fecility				
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-	_		23e. Payl1. Enter the disease shock, or heart feilura.	or complicat	jos that ceus	ed the deet			Hill Rd. ying, such es cerdia			. 2074	
	Physician		shock, or heart feilura. I	ist only ona	aune on eech	i line.						1	Approximate Interval Between Onset end Deeth
7	/Medical Examiner		Immediete Ceusa (Finel diseese or condition resulting in deeth)	a	Peo B	aBle	MASS	ive My	ocardia	mean	Tion	C	h- Know
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	be axecuted sician end buriel-transit	Medical Examiner	Sequentielly list conditions,	b. —		Due to (c	or es a conseq	uence of):	,			14	m /caewa
50,	o axe	I Ex	Sequentielly list conditions, if any, leading to immediate cause. Entar Underlying Ceuse (Disaasa or Injury	J	Ken	al	Fai	lune				4	-Kapwn
68760,	cate be av physician the burie	dice	thet initieted evants resulting in deeth) Lest) "-		Due to (o	r es e consequ	uence of):					,,
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P.O.		hysi	Pert II. Other significant cond	itions contrib	uting to death	but not res	ulting in the ur	iderlying ceuse (givan in Part I.				the cause of death?
	ned be date	by P								1	Yes 2□ No	3 Pro	Dably 4 Ponknow
Records,	requir been s should	Completed t								24e. Wes	s en eutopsy ormed?	ev co	ere eutopsy findings eilebla prior to mpletion of cause deeth?
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ita		BeC	25. Was cese refarred to med	icel					26. Place of Da	eth (Check only	1775 1775	1	J 165 ZLINO
/ \	Physical this ce	To	exeminer?	Hosp	oital: 1 🗗 Inpa	tient 2 🗆	ER/Outpetien	3□ DOA	Whor:		idence 6 □Oth	ner (Specif	(y)
ion o	Attanding Physician: or death. actor: After this certific by the funeral director,		27. Manner of Death 1 Natural 5 Pan 2 Accident Inve		8e. Data of In (Month, L	njury De <i>y Year)</i>	28b. Time of Injury	28c. Inj W M 1[T	how injury occur		
Division of Vital	To the Hospital or Attanding Phys within 24 hours after death. To the Funeral Diractor: After this completely filled in by the funeral di	Certification:	3 Suicide 6 □ Cou	id not be 2	8e. Piece of I building,	njury - At ho etc. (Spacif	ome, farm, stre	eet, fectory, office	я	28f. Location City or To	(Street end Numi wn, State)	ber or Aura	Il Routa Number,
	Hospita 24 hours Funeral	Medicai C	29a. Cartifier 1 Certification (Check only one)	ying Physicie al Examiner:	On the basis	of examine	wiedga, death tion end/or inv	occurred et the estigation, in my	tima, data and plece oplnion, deeth occu	a, and due to the urred et the time,	ceuse(s) end m date end place,	ennar as s	tated. o tha cause(s)
	o the o the omple	ĕ	29b. Signeture end itia of cont)	end menner	SIBIBO.			nse number		29d. Dete signe		
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1	10)		30. Name and eddress of person					•					
1	/	-	HRAS100	/YAZI	DANII	MD	1328	Souther	n Ave. S.	E. #202	Washing	gton,	D.C.

DHMH 16 Rev 6/95

Registrar

FEB 09 1998

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Daath **Physician** Gertrude Catherine Uebel February 7,1998 2:00pm /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner 2833 Kump Station Road
5. Social Security Number 6. Sax Carroll County

9. Birthplace (Stata or Foreign Taneytown 8. Data of Birth (Month, Day Year) 1923 Maryland 7. Aga (In yrs. last birthday) If Under 1 Yaar **Funeral** 1□ M 2√2 F Days Hours 220-12-2911 74 Yrs. **Director** Usual Rasidance of Dacadant the Maryland 10a, Stata 10b. County 10c. City, Town or Location 28a-f show 10d. insida City Limits traumatic event, the Medical Examiner must be notified Carroll Director Taneytown 1 ☐ Yes 2X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? with 6 2833 Kump Station Road 21787 Itams 23a U.S.A. Funerai filed within 72 hours efter death 12. Was Dacadant Evar in U,S. Armed Forcas? 1 ☐ Yas ② No If Yas, Give Year or Datas: Was Dacedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) Race - American Indian, Black, White, atc. 1 Navar Married 2 Married 21215-0020 ò 1 ☐ Yas 🏋 ☐ No Spacify: Specify: White λq 3 Widowad 4 Divorced "natural", Completed 15. Dacedant's Education 16a. Dacadant's Usual Occupation 16b. Kind of Businass/Industry (Giva kind of work done during most of working life. DO NOT usa ratirad) (Specify only highast grada complated) h and Mentel Hygiene. Elementary/Sacondary (0-12) Collaga (1-4or 5+) Supervisor Can Manufacturer Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Pages 1 end 2 should be and of Health and Mentel Miller Unknown Clara Wetzer 19a. Informant's Name/Reiatlonship (Typa, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) nt of Health a If Item 27 is or other tra Mr. Carroll L. Uebel (Husband) 2833 Kump Station Road Taneytown, MD 21787 20b. Place of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 ☐ Removal from Stata permit. Page Depertment of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Meadowridge Mem. Park 2/9/98 Baltimore, MD 21. Signatura of Funaral Sarvica Licensaa P.O. Box 195) Kills Sykesville, MD 21784 (410)-795-1400 23a. Part1. Entar tha diseasa, or complication that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heer failure. List only one cause on each line. Approximate arval Batwe Onsat and Death **Physician** /Medicai Immediate Causa (Final diseasa or condition rasulting in daath) **Examiner** Dua to (or as a consequence of): Examiner The law requires that the death certificete be executed the buriel-transit Sequantially list conditions, if any, leading to Immadiata ceuse. Enter Undarlying Cause (Disaasa or Injury that initiated avants rasulting In death) Last pue Dua to (or as a consequence of): Box 68760 ettending physician Physician/Medicai Dua to (or as a consequence of) the e P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part f. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, ò 24b. Wara autopsy findings available prior to Be Completed 24a. Was en eutopsy performed? been : complation of causa of death? hes 1 ☐ Yes 2 ☐ No 1 Yas 2 HO this certificate or Attending Physician: funeral director, 25. Wes cesa rafarrad to medicel 26. Placa of Daath (Check only ona) 1 Yas 2 N Other: 4 Nursing Homa 5 Hasidence 6 Other (Specify) Certification: To 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? After 5 Panding To the Hospital or Attendin within 24 hours efter death. To the Funeral Director: Af completely filled in by the fu 1 TYas 2 No investigation 2 Accidant 6 Could not be datarminad 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 ☐ Homleida 29a, Certifier Medicai Cartifying Physician: To tha bast of my knowladga, daath occurred et the time, date end plece, and dua to tha causa(s) and mannar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. 29d. Date signad (Month, Day, Yaar) to completed cause of deeth (Item 23a) (Type Print) er MD 684 A Poole Rd. Westminster, MD 21157

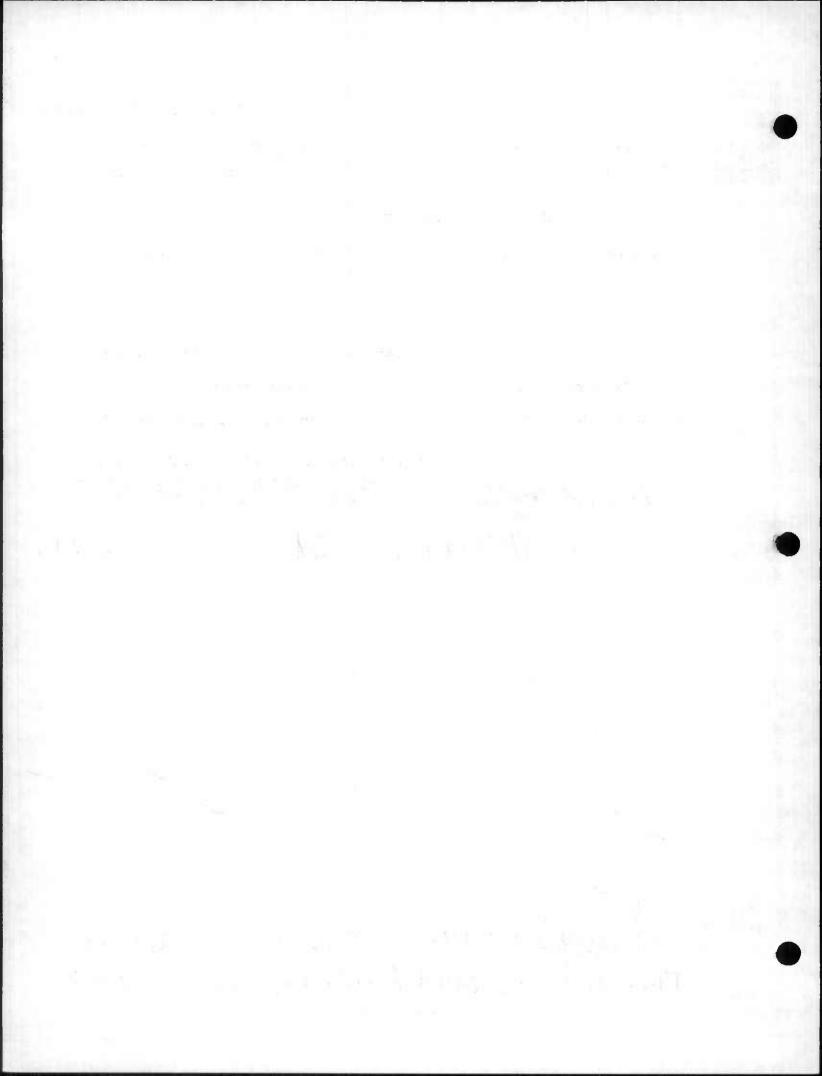
32. Registrar's Signeture

State

Registrar

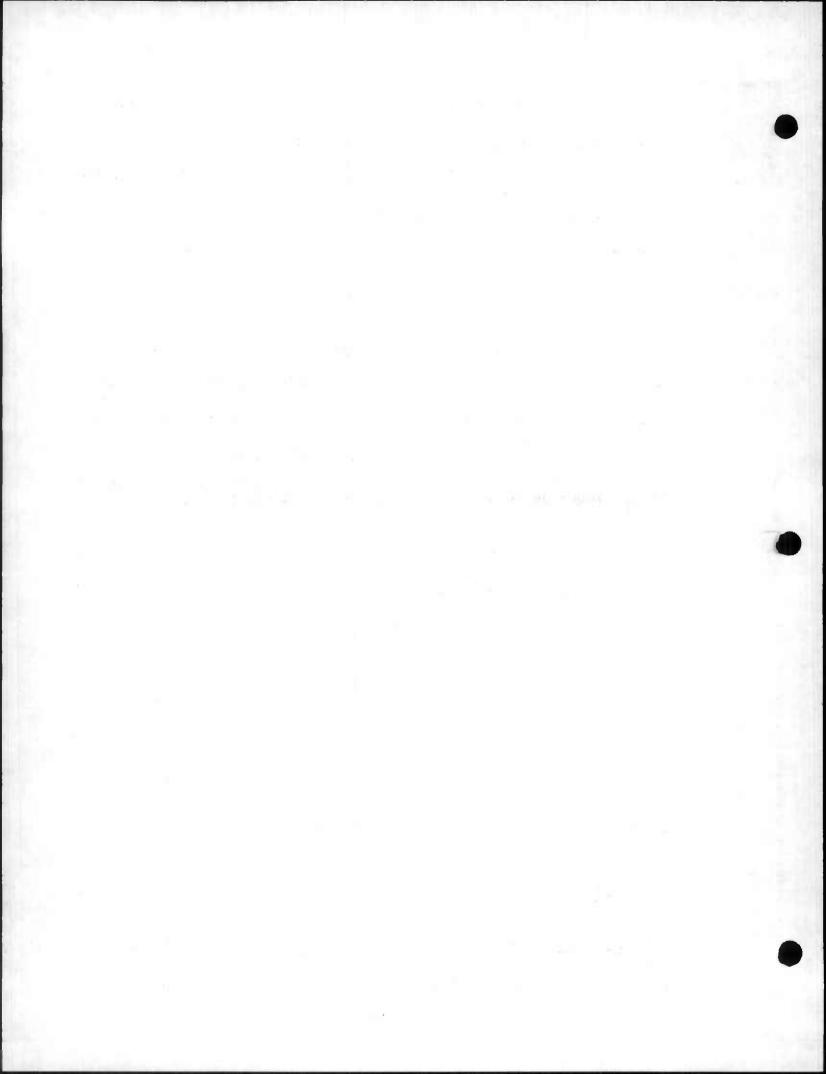
31. Date filed (Month, Day, Yaar)

FEB 0 9 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			Decedent's Name (First, Middle, Lest)	State of Marylan		Certificate				Reg. No	20	05292
н	Physici			ouis Valer	io				2. Date of D Month Feb	3 Day	1998	
S	/Medio Examir		4a. Facility Name (If not institution, give :					4b. City, Town, or I			County of De	-
			Golden Age Guest H	<i>lome</i>				Sykesvill	le	C	arroll	
	Funeral Director		5. Social Security Number 6. Set 320-14-3234	7. Age (In yrs		hday) if Under 1 Months I	Year Deys	ff Under 24 Hrs. Hours Min.	8. Date of B (Month, D Feb 16	irth ley, Yeer) 5 19	9. B	irthplace (State or Foreign Country) linois
	yland		10a. State 10b. County			or Location						10d. Inside City Limits
	e Mar	ctor	Md. Carroll		Syke	sville						1 ☐ Yes 2 XNo
	th with the	Funeral Director	10e. Street end Number 4407 Bartholow Road	l.		10f. Zip C 2178				10g. Cit USA	izen of What (Country?
21215-0020	be filed within 72 hours efter death with the Maryland tiel Hygiene. Identify then "natural", or flems 23a or 28a-f show event, the Medical Examiner must be notified at	by	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 194 1 1√2 Yes 2 □ No If Yes, Give Year or Detes: 194	42-	13. Was Deceder If Yes, specify		lispanic Origin? (S an, Mexican, Puert Specify:	pecify Yes or N o Rican, etc.)	0-	14. Race - An Black, Wh Specify: Wh	
5-0	72 hc	eted	15. Decedent's Educ (Specify only highest grade	cation e completed)	16e.	Decedent's Usual ((Give kind of work life. DO NOT use	Occup	ation during most of wor	king	16b. Ki	ind of Busines	ss/Industry
121	filed within Hygiene. Wher then	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)		machine		d)		Balt	o. Sun	
	filed Hygid other	Be Co	17. Fether's Name (First, Middle, Last)	- 3				18. Mother's Nan	ne (First, Middle	e, Maiden	Sumeme)	
/lan	should be filed with and Mentel Hygiene, i marked other than umatic event, the	To B	Louis Valerio					Maria No	ovascon	е		
, Maryland	and 2 sho saith end N n 27 is ma		19a. Informant's Name/Relationship (Type Eleanora Fowler Va			Mailing Address (5 07 Bartho						
Baltimore,	permit. Peges 1 and 2 should Depertment of Health end Men Important: if Item 27 is marke any injury or other traumatic. Once.		20a. Method of Disposition 1 ▼ Burial 2 □ Cremation 3 □ R 4 □ Donation 5 □ Other (Specify)	amarial from Ctata	cemeter	Disposition (Name y, cremetory or othe nd Memori	er ple	Park	Date 2-6-98		cation - City of	or Town, State
Balt	permit. Depertuimportui		21. Signature of Funeral Service License Paige D-bught D			22. Name and A		ss of Facility J Sykes	Haight I	Funer	cal Hom 21784	ne & Chapel
	Physician		23a. Part1. Enter the disease, or compil shock, or heart failure. List only on	cations that ceused the dea se cause on each line.	th. Do n	ot enter the mode	of dyir	ng, such as cardiad	or respiratory	errest,		Approximate Interval Between Onset and Death
ì	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	PNEUM	ma							3 days
		ner		Cerebrov		onsequence of):	9.75f					7 Urs
	acuted and transi	edical Examiner	Sequentially list conditions,			onsequence of):	vci ·					
60,	be ext	al E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	Parkins	uis	Discoso						2 405
ox 68760,	certificete be executed ding physician end use es the buriel-transit		that initiated events resulting in death) Last		or as a c	onsequence of):						
Box	death cer e ettendir d for use	iciai	Part il. Other aignificant conditions con	tributing to death but not re-	ultina in	the underlying cau	ico on	on in Part I	23h Dio	Ltobacco	uee contribu	ite to the cause of death?
P.O.	requires that the death cer seen signed by the ettendin hould be deteched for use	by Physician/M		modified to doctri but not roc			230 giv	on with diff.			/	Probably 4 Unknown
Records,	2 s t	Completed t							24a. Wa	s en autor ormed?	osy 24t	b. Were autopsy findings aveilable prior to completion of cause of death?
œ	ystcian: The law is certificate has t director, page 2 s	Соп							1 🗆	Yes 2	No	1 Yes 2 No
Vita	ician: certific rector,	Be	25. Was case referred to medical examiner?	lospital:			Ott	26. Plece of Dea				
o	Phy alo	on: To	1 ☐ Yes 2 ☑ No ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	28a. Date of Injury (Month, Dey Year)	28b. T	ime of 28c	c. Injur	y at k?	ome 5 Res 28d. Describe			pecify)
Division	To the Hospital or Attanding Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	be Ose Place of Injury Albama from about factors office						(Street en		Rurel Route Number,
	To the Hospital or within 24 hours effer To the Funeral Dircompletely filled in	edical Ce	(Check only 2 Medical Examin	ilclen: To the best of my known or the basis of examine	wledge,	death occurred at l/or investigetion, in	the tir	ne, date and place pinion, death occu	, and due to the	cause(s)	end manner d place, and d	as stated. ue to the cause(s)
	o the o the sample	Med	29b. Signature end title of certifier	and menner steted.		29c. L	Licens	e number		29d. Dai	te signed (Mo	nth, Dey, Yeer)
1	⊢≯⊨ŏ	Voteret - Tuenosus								7	14/80	
			30. Neme and address of Person who co	mpleted cause of death (Itel	m 23a) (Type, Print)	Pn	KIN	CESTUR	7	0 2	1204
	Sta	te	31. Date filed (Month, Day, Yeer)	32. Registrar's Sign	ature	1 BUKLY A	4)	EUS	CRANUR	s, wy	1 (1	74/
	Registr	- 0	FEROQ	1998 Malia Sa	wha	Radell						



98-0433-033

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

GUY VAUGHT				State of M	/laryland		artment of rtificate o	Health and of Death		giene 8	052	93
Physicia /Medica	al	1. Decedent's Name (F Guy Ellet 4a Fecility Name (If no	t Vaugh	nt, Jr.	ari .			4h City Town or	2. Date of Dea Month JANUARY	Day	Year	Time of Death
Examine Funeral Director	ei.	826 NALLES 5. Social Security Number 213-42-557	ROAD ber 6. S		Age (In yrs. la	st birthday) Yrs.	If Under 1 Ye	LANDOVE] ar If Under 24 Hrs	R s. 8. Date of Birth	PRINCE (, Year)	GEORGI 9. Birthplece Country)	(State or Foreig
	tor	Usual Residence of De	ocedent Ob. County	George's	10c. City,	Town or Lo			Sept. 2.	5, 1541	10d. Ir	nside City Limit
皇 0.8	Direc	10e. Street end Number 826 Nalley	er	12. Was Deceder	nt Ever in II S	13	10f. Zip Cod	5		U.S.A.	Vhet Country?	dian.
15-0020 72 hours after dee	d by Fun	1 X Never Married 3 ☐ Widowed 4 ☐	Divorced	Armed Forces 1 X Yes 2 If Yes, Give Year or Detes	s? ^{]No} 1962	-	1□Yes 2∭		rto Rican, etc.)	Specify	ok, White, etc. White	9
21215-0020 sd within 72 hours af gjene. or than "natural", or t, the Medical Evann	Completed by Funeral	(Specify of Elementery/Secondard 12	Decedent's Edonly highest gra ary (0-12)	lucation de co <i>mpleted)</i> College (1-4o		(Give	DO NOT use re	ne during most of wo lired) Or Instal	ler		actor	,
Maryland 2 d 2 should be filed th end Mental Hygi 7 Is merked other treumatic event,	To Be	17. Fether's Name (First, Middle, Last) Guy Ellet Vaught, Sr. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, St.										(e)
re, Me 1 end 2: 1 Health ei 1 health ei 1 tem 27 is other tre.		Roger Lee Vaught - Brother 4024 Brady's Hill Road, Triangle, Virg. 20a. Method of Disposition 1 Burial 2 Cremetion 3 Removel from State										
Baltimo permit. Peges Department of Important: If I any Injury or page.		23a. Pert1. Enter the canock, or heart fe	Harries Bon	eaul) +	F 4	rancis 739 Bal	dress of Facility Gasch's So timore Ave	ons Funer	ttsvill	P.A.	20781 proximete rival Between
Physician /Medical · Examiner		Immediate Ceuse (Findisease or condition resulting in death)			osclero	7	Cardiova	escular Di				set and Death
3760 ste be nysicia	2	Sequentially list condit if any, leading to imme cause. Enter Underlyic Cause (Disease or inju- that initiated events resulting in deeth.) Lesi		b	Due to (or a				4-			
P.O. Box 687 thet the death certificete ed by the ettending phys deteched for use as the	cian/Med	resulting in deeth) Les	L	d								
es that the digned by the be detached	by Physi	Part II. Other significat	nt conditions o	ontributing to death	but not result	ting in the u	nderlying cause	given in Pert I.		obacco usa co Yes 2 No	3 Probably	4 Unkno
Il Records, The law requires t ate hes been signs page 2 should be	Completed by Physician/Med										24b. Were a availab comple of death	
of Vita hysicien: his certific	25. Wes case referred to medicei examiner? 11X Yes 2 No Hospitai: 1 Inpatient 2 ER/Outpatient 3 DOA							Other	eeth (Check only on Home Check only on 28d. Describe h	ne) tence 6 🗆 Oth	ner (Specify)	, 20110
After fune	edical Certification:	1XX\Natural 2 ☐ Accident	Pending Investigation Could not be determined	(Month, L	Day Year)	Injury ne, farm, st	1	Work? I□Yes 2□No	28f. Location (S City or Tow	Street and Numb		ute Number,
Divisit To the Hospital or Attent within 24 hours effer deal To the Funeral Director: Templetely filled in by the	edical Ce				of examination			e time, dete end pled ny opinion, deeth occ				
Total	2	29b. Signature and title	sh.	an	ac	by 1	np o	.C.M.E.		29d. Date signe		
IUHU		30. Name end eddress Stephen Rac			death (Item)	zae) (19pe,		nn Street	, Baltimo	ore, Mai	vland	21201

State Registrar 31. Date filed (Month, Day, Year)

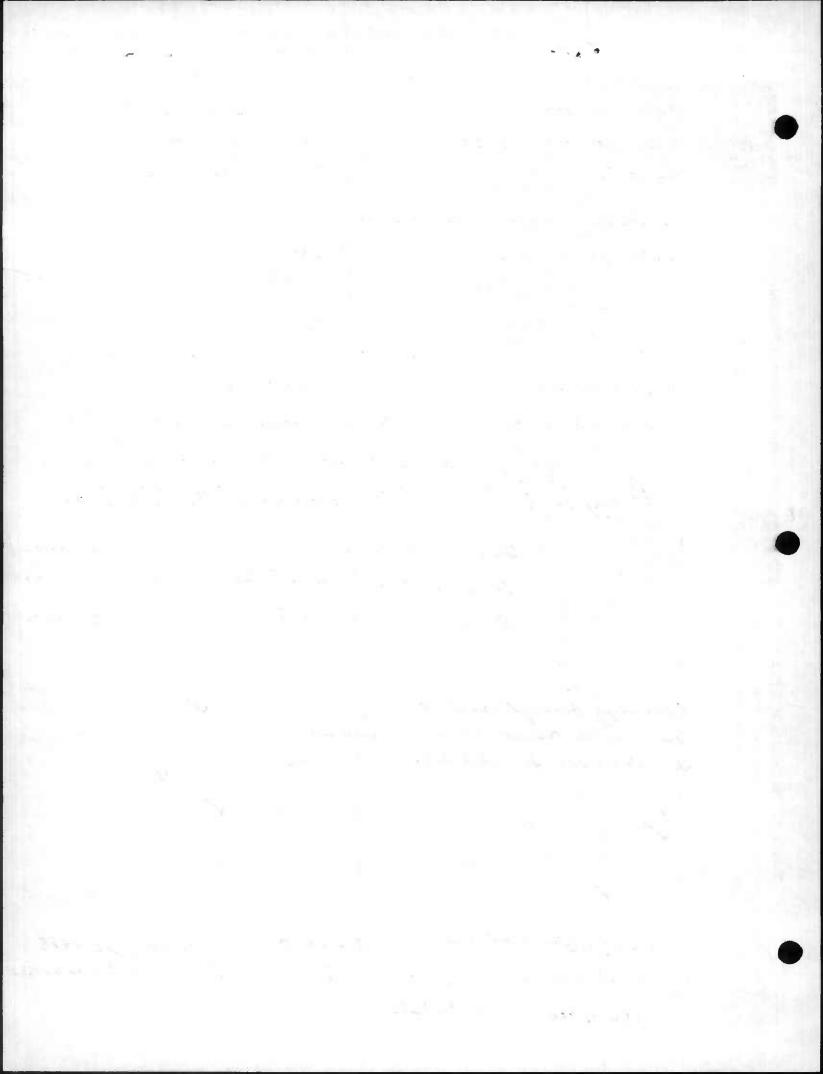
32. Registrer's Signeture

111 Penn Street, Baltimore, Maryland 21201

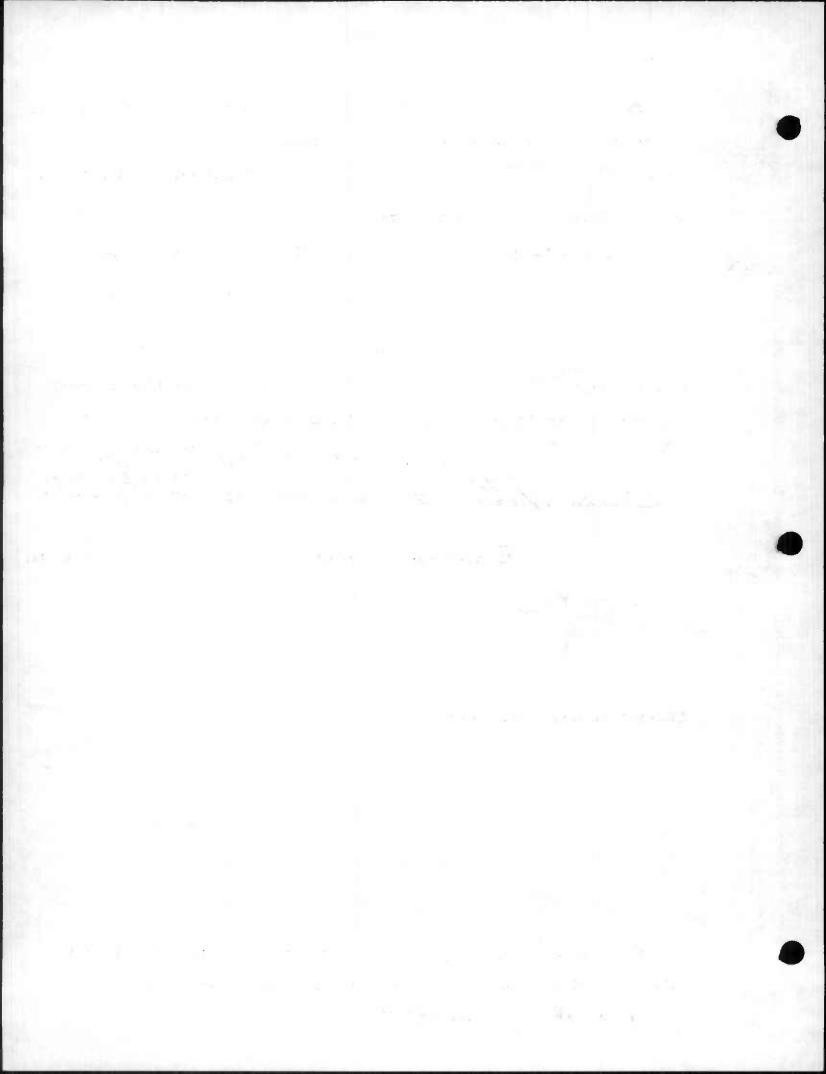
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participation of the

Amended	#	10b. P.G.C. Per F.H			Cer	tificate of	Death		Reg. No.	002	.94
Physicia	an	Decedent's Name (First, Middle, Last)						2. Date of De Month	Day Ye	er	Time of Death
/Medic	al	Phyllis R. Voge 4a. Fecility Neme (If not institution, give s					4b. City, Town, or Lo	Januar			:00 pm
Examin	er	15115 Interlachen		15			Silver S		Montgom		
Funeral Director	Ī	5. Sociel Security Number 6. Sex 215-20-3788		(In yrs. last b	irthday) Yrs.	If Under 1 Yeer Months Days			rth 9.		Stete or Foreign
anyland show	L		TGOMERY	10c. City, Tov				7			side City Limits
tha Marylar 28a-f show	Director	Maryland Prince Co	orge's	Silve	r Sp	T					QYes 2□No
with the		10e. Street and Number 15115 Interlachen	Dood			10f. Zip Code 20906 –	E 6 / 1		U.S.A.	Country?	
020 urs after death with the Maryle alt, or frems 23s or 28s-f shor Examiner must be notified at	Funeral		2. Wes Decedent E Armed Forces? 1 \(\text{Yes} \) 2 \(\text{N} \) N		13. W		Hispanic Origin? (Sp an, Mexican, Puerto	ecify Yes or No Rican, etc.)		merican ind hite, etc.	lian,
72 hours aft	by	3 ☐ Widowed 4 ☒ Divorced	If Yes, Give Year or Dates:			☐ Yes 2X No	Specify:			White	
1 2 2	Be Completed	15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12) 1 2	ation completed) College (1-4or 5-	+)	. Decede (Give k life. D		pation during most of work d)	ing	16b. Kind of Busine		nent
diffed of the out,	Ö	17. Fether's Name (First, Middle, Last)			0010	cary	18. Mother's Name	e (First, Middle	, Maiden Sumeme)	0 1 0 2 111	
Maryland 212 d 2 should be filed with th and Mantel Hygiana. T Is marked other than treumatic event, the	To B	Benjamin Bremerma	n				Vera Tha	ller			
Aaryla 2 should 1 and Man 1s market		19a. Informent's Neme/Relationship (Typ	e, Print)	19	b. Mailing	g Address (Street	and Number or Run	al Route Numb	per, City or Town, Stel	e, Zip Code,)
e, M		Mark R. Vogel -	Son					Lanhan	n, Marylan	d 2070)6
2 2 2 2		20a. Method of Disposition 1 □ Burial 2 ☒ Cremetion 3 □ Re 4 □ Donation 5 □ Other (Spe@fy)	emoval from State			oition (Name of etory or other ple coln Ceme		Date /31/98	20c. Location - City Brentwood		
Baltimo		21. Signatore of Funeral Servica Locate	I 1		22. Fr	Name and Addre	ss of Fecility sch's Son	s Fune	cal Home,	P.A.	
		23a. Part1. Enter the disease, or compile shock, or heart failure. List only on	ations that caused	the deeth. Do					attsville,		20781 oximate vel Between
Physician /Medical		Immediate Cause (Final	0.	- /	21	Tomo				Onse	and Death
Examiner	-	diseese or condition resulting in death) a.	a l	Due to (or es e	consequ	ience of):	line St	ulma	iony Disa	ea (10001
ocuted ind transit	Examiner	Sequentially list conditions,		Due to (or as a		, , ,					
5876(icata be physicie s tha bur	edical	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in death) Last	Ren	LE Due to (or as a		ence of):	ntes			2	west
Geath certification of for use as	Physician/M	Part II. Other eignificant conditions cont	ributing to death but	t not resulting	n the un	derlying cause gh	ven in Part I.	23b. Did	tobacco uae contrib	ute to the c	ause of death?
IS, P.O.	y Phy	Cononony Ankes Pemporeral NA	y Diea	20, 5	AB	6,	<u>-</u>	10	Yee 2□ No 3□	Probably	4 Unknown
of Vital Records, P.O. Box (Physician: The law requires that the death certificate has been signed by the ettanding ral director, page 2 should be detached for use a	Completed by	General Na	eno pa	thy,	de	Neton	al sic		s en eutopsy ormed?	avelleble	on of cause
Tha law cata has		sup prosinesis.	pcy ///				, ,	10	Yes 2 No		2 No
of Vital Physician: The	Be	25. Wes case referred to medical examiner?	ospitel:			Ott	26. Place of Death		111-		
Of Physical direction	2	1 ☑ Yes 2 ☐ No ☐ HG 27. Manner of Deeth	1 ☐ Inpatien	t 2 ER/O	utpatient Time of	3LI DON	4 LI Nutsing no		idence 6 Other (5	Specify)	
Oivision or Attending Fettar death. Director: Aftar In by the funer	Certification:	1 Wetural 2 Accident 3 Suicide 4 Homicide 5 Pending Investigation 6 Could not be determined	(Month, Dey 28e. Placa of Inju- building, etc.	Year)	Injury		Yes 2 □ No	28f. Location ((Street and Number of wn, State)	Rural Rout	e Number,
Hosp 14 hou Funer taly fil	edical C	29e. Certifier 1 Cartifying Physic (Check only one) 2 Medical Examina	cian: To the best of er: On the basis of end manner stat	exeminetion ar	e, death nd/or Inve	occurred et the tilestigation, in my c	me, dete end placa, opinion, deeth occurr	and due to the red at the time,	ceuse(s) end menne date and place, and	r es steted. due to the ca	ause(s)
To the	W	29b. Signature end title of certifier	cless 1	nD		29c. Licens			29d. Dete signed (M.)		
(20)		30. Name end address of person who con		ath (Item 23e)		rint) 8111 (Prince Ph	ilip .	January. Drive C	WEY	und 2083.
Stat Registra		31. Dete filed (Month, Day, Year) FFR 02 1998	Jack Pagistra	rs Signature	odell.						



		1. Decedent's Nan	na (First, Midd	lle, Last)			Oe.	unca	ie UI	Death	2.	Data of De	Rag. No. ath	20	U,	3. Tima of De
Physici: Medic		DOROT			Ε.		WRIG	GHT				Month BRUAR		19	998	1:07
Examin	ner	4a. Facility Name	(If not institution Johns			1	1			4b. City, Town BALTIN		on of Death		County of E		
uneral		5. Social Sacurity		0 000	T		L s. last birthday)	If Unda	ar 1 Year	If Undar 24		Data of Birt				ce (State or F
irector		222-16-6	195	10	M 24F	69		Months	Days	Hours	Min.	Data of Bird (Month, Da b . 24,	y, Year) 1928	W	Country ilm.	ce (State or Fi
2		Usual Rasidanca d	of Decedant 10b. County	,		100.0	City, Town or Lo	nation							40	11-11-05-1
show and at	-	De.	Suss				orgetor								100	d. Insida City L
28a-i	ect	10a. Streat and Nu		C11		- 00	.018000		ip Code				10g. Citize	en of Whe	t Countr	
3a or		1708 Dun		0ak	s Apts					9947			Jnite			
is marked other than "natural", or items 23a or 28a-f show sumatic event, the Medical Examinar mantice incitied at	by Funeral Director	11. Marital Status 1 □ Nevar Mar 3 🏿 Widowed		rried	2. Was Deced Armad Ford 1 Yas 2 If Yas, Giva Yaar or Dat	es? LXNo		If Yas, spe	ecify Cuba	lispanic Origin an, Maxican, F Specify:	? (Specify uarto Rice	Yas or No	- 14	4. Race - /	Amarican White, etc	
'natural',	ted	(0-0	15. Decedar	nt's Educ	ation	_	16a. Dece	dant's Usu	ual Occup	ation	Commission		16b. Kind	d of Busin	nass/Indu	stry
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T Dec	ပိ	17. Fathar's Nama	(First Middle	/ not)			но	memak	cer	18. Mother's	Nome (F	luna Adiodolla	Fam			
7 is marked other traumatic event, i	Be	Charles									,				· Ga	11oway
mark	5	19a. informant's N			ne Print)		19b Mailli	ng Addras	s (Street	and Number				-		
27 ls r trau		Mr. Gary				on)				353-E,						
int: If item 27 iry or other tr		20a. Mathod of Dis		з 🖾 Яг		20b.	Place of Dispo cemetery, crea	matory or	othar plac		Fel	Data 0.11, 998	20c. Loca New		y or Town le, 1 9720	n, Stata Delawa:
Important: If it any injury or o		21. Signature of F	unaral Sarvica	Licansa	," 11	09862 Shan	-			ss of Facility FUNERA				DELA	WARE	STREE DELAWA
		00- D- 14 E-1-														
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State of Maryland / Department of Health and Mental Hygiene

artificate of Death	Reg. No. 9 8	0
	rieg. Ito.	

29d. Date signed (Month, Day, Year)

FEBUARY 07,1998

Physician	
/Medical	
Examiner	

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examine Invest be put ited. Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

To the Hospital or Attending Physicien: The law requires that the death certificate be executed within 24 hours effect death.

To the Funerel Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlet-transit After this certificate has been signed by the attending physician and funeral director, paga 2 should be datached for use as the buriel-transit

Division of Vital Records, P.O. Box 68760,

1. Decedent's Neme (First, Middle, Les	t)						2. Dete of Deet		Vanc	3. Time of Death
Jerry		Α.		Wils	on		Month FEBUAR	Dey Y. 06.199	Year	2:15 P
4e Facility Neme (If not institution, give	street and number)		_		wn, or Lo	ocation of Death	4c. County		2.10
17319 LIVINGSTON	E BD				Acc	oke	ek	pp	INCE	GEORGES
5. Social Security Number 6. Se		ge (In yrs. lest bin	thday)	If Undar 1 Year		24 Hrs.	8. Date of Birth		9. Birthp	lace (State or Foreign
213-82-4299	OMM 2□F	34	Yrs.	Months Deys	Hours	Min.	(Month, Dey		Coun	
Usuel Residence of Decedent		J 1				D	ecember	19,6	э ма	ryrand
10e. State 10b. County		10c. City, Town	n or Lo	cation					1	0d. Inalde City Limits
Maryland Prince	Georges	3	Br	andywin	e					Yes 2□No
10e. Street and Number				10f. Zip Code			1	0g. Citizen of V	/hat Coun	try?
6106 Floral Par	k Rd			206	13			U.	S.A.	
11. Meritel Status	12. Was Decedenf	Ever in U,S.	13. V	Vas Decadent of H	lispenic Orl	gin? (Sp	ecify Yas or No-	14. Race	- Americ	an Indien,
1 Never Merried 2 Merried	Armed Forces			Yas, specify Cubi	an, Mexicar	i, Puarto	Rican, atc.)	Blec	k, White,	atc.
3 ☐ Widowed 4 ☐ Divorced	If Yes, Giva Yeer or Detes:		1	☐ Yes 2Ã No	Specify:			Specify	Bl	ack
15. Decedent's Ed		16a.	Deced	ient's Usuel Occup	ation			16b. Kind of Bu	siness/înc	dustry
(Spacify only highast gree	da completed)		(Give	kind of work done OO NOT use retired	during mos	t of work	ing			
Elementary/Secondary (0-12)	College (1-4or	5+)		Foreman)			A.F.	Cons	truction
17. Fathar's Nema (First, Middle, Last)				I OI OMAI		r's Name	e (First, Middle, i			
	n C*					ild			-	larper
Joseph L. Wilso		404	B 0 - 10 -					City on Town		
19a. Informent's Name/Reletionship (7										Coda/20613
Joseph Wilson/I	Brother			Floral	Park	. Ra	- T			
20e. Method of Disposition 1 2 Burlet 2 Cremetion 3	Removel from State	cemeter	ry, crem	sition (Neme of netory or other ple		i		20c. Location -		
4 □ Donetion 5 □ Othar (Specify		Fores	t H	Iill Gar	dens	Fe	b.13,9	8,Clin	ton	Maryland
23a. Pert1. Enter the disease, or companies the companies of the companies	e. Nec	h Inc.	An C	er the mode of dyir	ig, such as	cardiac	or respiretory arr	est,		Approximate Intervel Between Onset and Death
resulting In deeth)		Due to (or a a	conseq	uence of):					1	
Sequentially list conditions, if eny, leading to immadiate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or es e	conseq	uence of):					1	
that initieted avents resulting in deeth) Lest	0.	Dua to (or as a	consequ	uence of):					1	
	d									
Pert II. Other eignificant conditions co	ntributing to death t	out not resulting in	n the ur	nderlying cause giv	en in Pert	l.	23b. Did to	obacco uae cor	ntribute to	the cause of death?
							1 🗆 Y	ee 2□ No	3 ☐ Proi	bably 4 Unknown
							24e. Wes e perfor		av	ere eutopsy findings ailable prior to mpletion of cause death?
							1XV	es 2□No	1)	Yes 2□ No
25. Wes case referred to medical					26. Place	of Deet	h (Check only or	те)		-
axaminar? ▼QXYes 2□ No	Hospital: 1 Inpati	ent 2 ER/Ou	ıtpatien	f 3 DOA Oth	ner: 4 N	ursing Ho	oma 5 ☐ Resid	ence 6 DOth	er (Specif	y) CAR
27. Menner of Deeth 1 Naturel 5 Pending Accident Investigation	28e. Dete of Inju. (Month, De		Time of njury	Wo	y et rk? Yes 2□	No	28d. Describe h Subject	ow injury occurr	/ /	- hypole
3 ☐ Sulcide 6 ☐ Could not be determined	200. Placa of III	jury - At homa, fa		eaf, factory, office			City of Tow	treet end Numb	er or Rure	Livings
29a. Certifier 1 Cartifying Phy (Check only one) 2 Medical Exam	raician: To the best iner: On the basis of and manner si	of examination en	death	occurred et the til restigetion, in my o	me, dete er opinion, dea	d plece, ith occur	end due to the c	euse(s) end me	nner es s	lated. the cause(s)

29c. License number

OCME

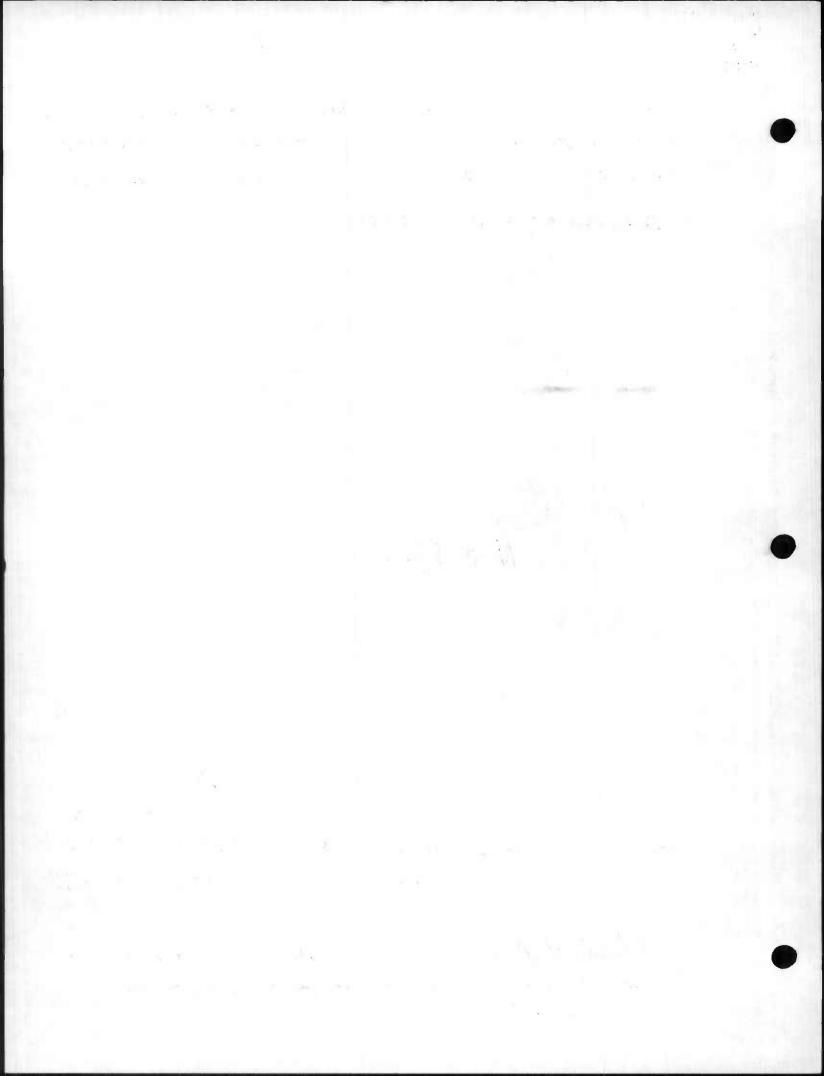
State Registrar

THEODORE MIKIN 31. Date filed (Month, Day, Yeer) FEB 1 2 1998

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print)

29b. Signature end title of certifier

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

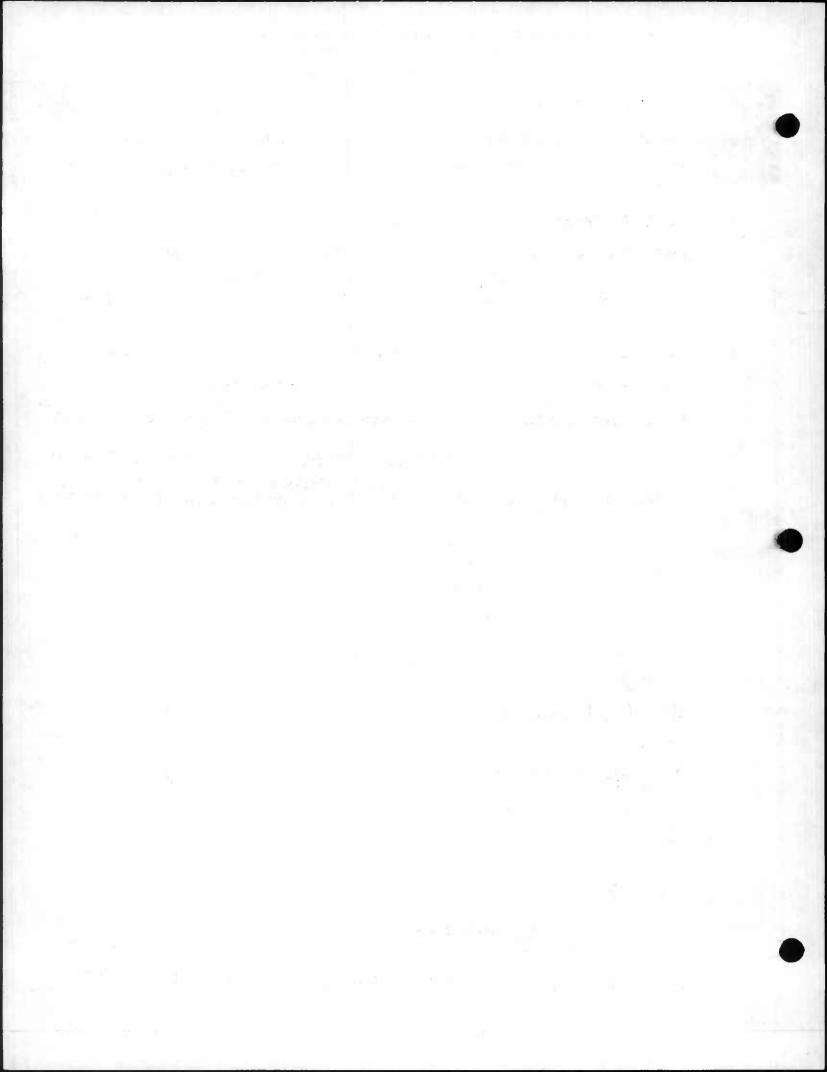


State of Maryland / Department of Health and Mental Hygiene

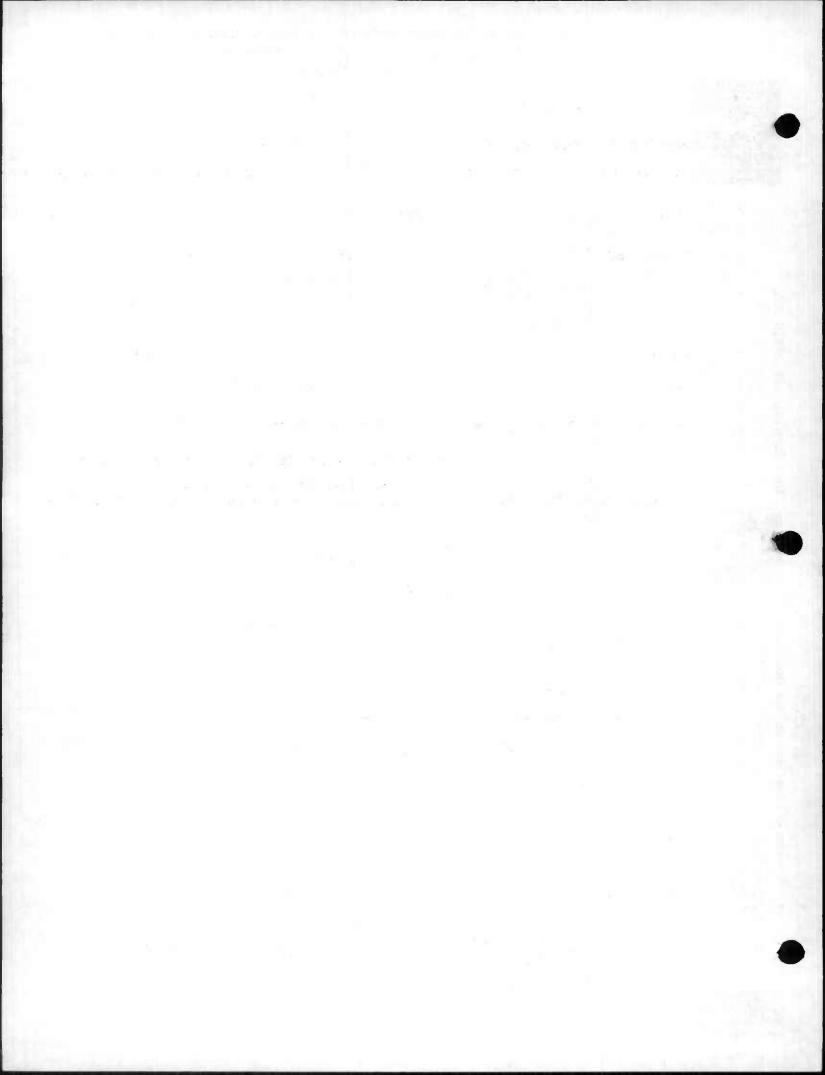
05297 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** White Paula L 2:05 A 20 /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Howard County General Hospital Columbia Howard 8. Date of Birth (Month, Pay, Year) Feb 18, 1922 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Yeer 9. Birthplace (State or Foreign **Funeral** Months 1□ M 21%F Days Hours 75 Maryland Director 212-14-8136 Usual Residence of Decedent 10a State 10b. County 10c. City. Town or Location d other than "natural", or items 23a or 28a-f show event, ma Medical Examiner must be morning at 10d. inside City Limits 1 ☐ Yes 2√2 No Director Maryland Howard Columbia 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21045 United States 6549 Ouiet Hours Lane Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XNo ff Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14 Bace - American Indian Black, White, etc. 1 Never Married 2 Married altimore, Maryland 21215-0020 1 Yes 2 X No Specify: p 3 ☐ Widowed 4 ℃ Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry ifiled within 7.
If Hyglene. Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Own Home unknown permit. Peges 1 and 2 should be filk Department of Health and Mentel Hy Important: If Itam 27 is marked other any Injury or other traumetic events. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be 2 Peter DeMuth Paulina Krebsk 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Apt. C 3374 North Chatham Road Ellicott City, MD 21042 Albert DeMuth/Brother 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 2-6-98 Marriottsville, MD 4 ☐ Donetion 5 ☐ Other (Specify) Crest Lawn Cemetery 22. Name and Address of Facility
Harry H. Witzke's Family Funeral Home, Inc. 21. Signeture of Funeral Service Licensee 4112 Old Columbia Pike Ellicott City, MD 21043 23a. Part 1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Interval Between Onset end Death **Physician** Hypotension /Medicai Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or es e consequence of): Examiner Sepsis buriel-transi Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury Due to (or es a consequence of): Box 68760, ettending physician for use as the burie neumonia requires that the death certificate be Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of) the USB BS renal failure Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? 2 No Atrial fibrillation 3 Probably 4 Unknown signed b Be Completed by 24b. Were autopsy findings available prior to 24e. Was an autopsy performed? Stroke completion of cause of death? Kolycythemia Vera certificate 1 Yes 1 Yes 2 No Division of Vital 25. Was case referred to medical examiner? To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 26. Plece of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 No 27. Megner of Deal 28e. Date of Injury (Month, Day Yeer) 28b. Time of 28c. Injury at Work? Certification: 28d. Describe how Injury occurred 5 Pending investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide edicai Certifying Phyalcien: To the best of my knowledge, death occurred at the fime, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifier (Check only 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) SMAMM D31927 9-30-98 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) I Knoll North Dr. Columbia, MD 21045 MD. HO-LAI FENG 32. Registrar's Signeture 31. Dete filed (Month, Day, Year) State have daveler Redall FEB 0 5 1998 Registrar

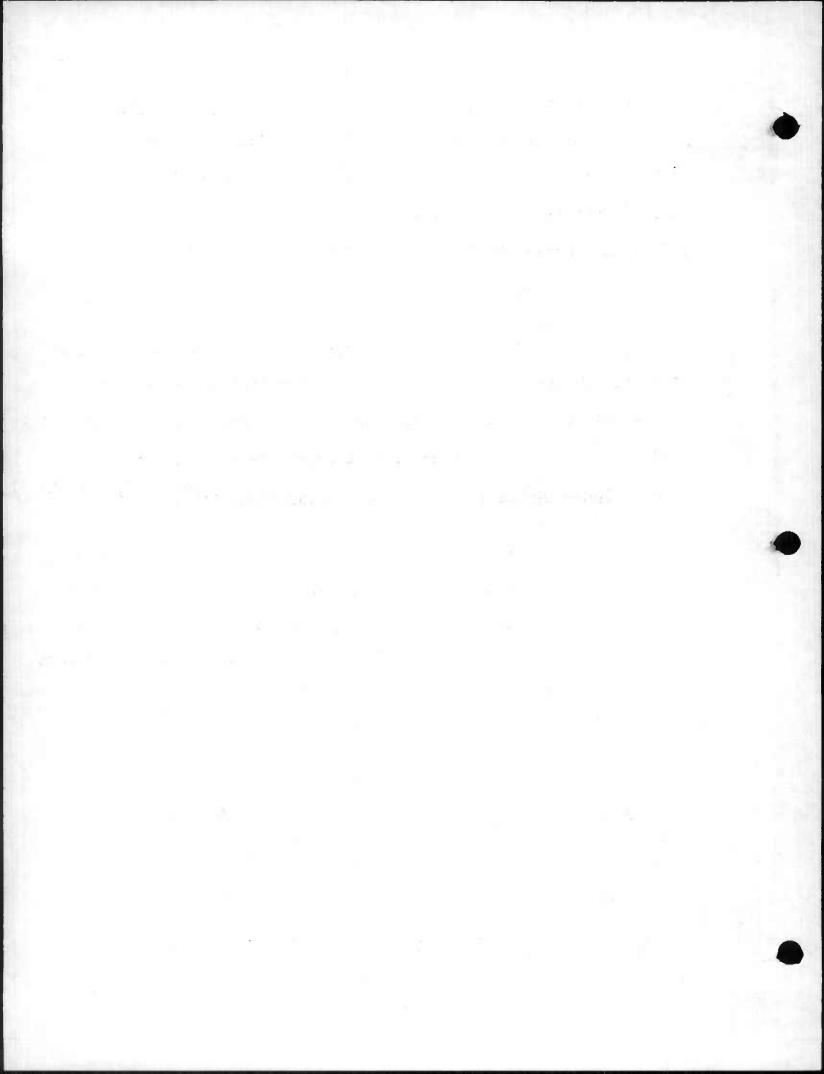


					State of Ma	rylariu /		tificate of		i wientai rij	Reg. No.	98	05298
ı	Physic		Decedent's Neme (Firs Norma	t, Middle, Last) a Ann W	atts					2. Date of D Month	Day	Year /998	3. Time of Death
	/Medi Examiı		4a. Facility Name (If not in						4b. City, Town, o	Februar or Location of Dea	th 4c. C	ounty of Deet	h
	Funeral Director			6. Sex	M 2 F 62	10c. City, To	Yrs.			rs. 8. Date of B	Wairth ey. Year) 2, 19	shingt 9. Bird 80 Wasi	hplace (State or Foreign unity) hington, D.C 10d. inside City Limits
	tha Me 28a-f a	ctor	Pa. Fi	ulton		Nee	edmore	3					1 ☐ Yes ŽŽXNo
	23a or 24	Funeral Director	10e. Street and Number State Road	3007				10f. Zip Code 17238			10g. Citize	n of Whet Co	untry?
020	efter dea or items miner m	by	11. Marital Status 1 Never Married 2 3 Widowed 4 D	Married	2. Was Decedent Ev Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates:			as Decedent of Yes, specify Cul		(Specify Yes or N erto Rican, etc.)		. Raca - Ame Black, White pecify: Whit	e, etc.
21215-0020	100	Be Completed	15. D (Specify only Elementery/Secondery Grade 12	ecedent's Educ y highest grede (0-12)	ation completed) College (1-4or 5+))	Sa. Decede (Give ki life. Do		ipation e during most of и ed)	vorking	16b. Kind	of Business/	
P	Hyg other	e C	17. Father's Name (First,	Middle, Last)			ouber	V 3. 2. C	18. Mother's N	lame (First, Middle			
lar	Menta Menta rked ric ev	ToB	John Keiling	g					Helen	Bowles			
Maryland	2 sho and I is me		19e. Informant's Name/Re	elationship (Typ	e, Print)	1	9b. Mailing	Address (Stree	et end Number or	Rurel Route Numi	ber, City or 1	Town, Stete, 2	Zip Code)
	lealth m 27				s, Sr./spouse P.O. Box 182, Needmore, Penns 20b. Place of Disposition (Name of camelery, cremetory or other place) Date								
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: if fern 27 is marked other than 'any injury or other traumatic event, tra Nepalse.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cren 4 ☐ Donation 5 ☐ O	nation 3 Re	emoval from State			-	ece) rial Pk	2/6/98		etion - City or	
Balt	permit. Depart Import any inj		21. Signature of Funeral S	Service Licerae	206					l Home, I			707 4200
			23a. Part1. Enter the dise shock, or heart feitur	lase, or complic	ations that caused the	ne death. D	o not enter	the mode of dy	ing, such as card	iac or respiratory	maryı errest,	and 20	707–4389 Approximate Interval Between
	Physician /Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)	a.	Conges	Tine	Hea	ut Fa					Onset and Deeth
		ner			Co D	20101010105	e consequi	enca of):					110.
	ficate be axecuted physician and sthe bunal-transit	Examiner	Sequentially list conditions	s,	Di	ue to (or as		enge of):	1 1				yun
60,	be axe clan a burial-		Sequentially list conditions if any, leading to immedia cause. Enter Underlying Cause (Disease or Injury	te C.	Chinic	def	funto	in / selo	ung De	ilas_			year
Box 68760,	-5 0 0	n/Medical	that initiated events resulting in death) Last	d.	Du	ie to (or es	e conseque	ence of):	/				
	death certi	sicia	Part II. Other significant of	onditions cont	ributing to death but	not resulting	in the und	leriving cause g	iven in Pert I	23b. Did	tobacco us	e contribute	to the cause of death?
s, P.O	ires that the death cer signed by the attandin d be detached for use	by Physician/M	Chronic	alda	and par	i g	nd.	-	CONTROL II		Yes 2		obably 4 Unknown
of Vital Records,	need houl	Completed I	Ostopo	oii i	with Cong	men.	in F	raction	e of	24a. Was	s en autopsy ormed?	8	Were autopsy findings available prior to completion of cause of death?
<u>a</u>	icate h		Tunfor	frence						10	Yes 2D	No	Yes 2 No
<u>K</u>	Physician: The law this certificate hes t ral director, pege 2 s	o Be	25. Wes case referred to a examiner?		ospital:				hon	eath (Check only			
	this sale	Inpatient 2 ER/Outpatient 3 DOA 4 N					4 LI Nursing	Home 5 Res 28d. Describe			offy)		
Division	To the Hospital or Attending I within 24 hours after death. To the Funeral Director: After completaly filled in by the funer	Certification:	3 ☐ Suicide 6 ☐ 4 ☐ Homicide	Could not be determined	28e. Placa of Injury building, etc.	r - At home, (Specify)	farm, stree	et, factory, office		28f. Location City or To	(Street end i wn, Stete)	Number or Ru	ral Route Number,
	To the Hospital within 24 hours of To the Funeral completely filled	edicai	29a. Certifier 1 ☐ € (Check only one)	ertifying Physi edical Examin	cian: To the best of r er: On the basis of ex and manner state	xamination e	ge, deeth o end/or inve	occurred at the t stigation, in my	ime, date and ple opinion, deeth oc	ce, end due to the curred at the time,	cause(s) ar dete and p	nd manner as ace, end due	stated. to the cause(s)
	To the Com	M	29b. Signeture end title of	cartifier	11-1			29c. Licen	se number		29d. Date :	signed (Month	n, Dey, Year)
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	5		30. Name and address of	person who con	pleted cause of dea	th (Item 23a	(Type, Pr	rint)	1 11	· h	/		
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State of Maryland / Department of Health and Mental Hygiene 8 05299

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Please Type or Print in Black Indelibie Ink. Assure All Copies Are Legibie. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Margaret H. White 1998 Feb. 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Carroll County Hospital Westminster Carroll . Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Dey, Year) Aug. 29, 1915 Birthplece (State or Foreign Country) 1 M 2 □ F Months Deys 213-18-9247 Hours Yrs MD Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 ☐ Yes 2 ☐ No Carroll Westminster 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 724 Old Westminster Pike USA 21157 12. Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Spacify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: 1 Never Merried 2 Married 1□ Yes 2☑ No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Seamstress 11 Sewing Factory 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Neme (First, Middle, Lest) Herbert Houser Ada Hesson 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) M. Darlene Dull , Dau. 429 N.Queen St.Littlestown, PA17340 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 Ø Buriel 2 ☐ Cremetion 3 ☐ Removel from State Kriders UCC CemeStrBenjamin 2/6/98 Westminster,MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Servica Licensee 22. Name end Address of Fecility Littles' F.H.34 Maple Ave.Littlestown, PA17340 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Roxia Due to (or es e consequence of) Due to (or es e consequence of): to (or es e consequence of) neumouiti 23b. Did tobacco use contribute to the cause of depth?

Physician /Medical **Examiner**

The lew requires that the death certificate be executed

Box 68760.

P.O.

Records,

Division of Vital or Attending Physician: **Physician**

/Medical

Examiner

10a. Stete

Funeral

Director

ral', or items 23a or 28a-f show Examiner near be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death v Depertment of Heelth and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a any Injury or other traumatic event, the Mod cal Examiner manal once.

Baltimore, Maryland 21215-0020

Director

Funeral

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Physician/Medical Examiner lcien end buriel-transit physicien the burie as use signed by the e þ Completed pege 2 Be Certification: To funerai To the Hospital or Atterwithin 24 hours after dea To the Funeral Director completely filled in by th

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24 hours after death.

Funeral Director: A

Immediete Cause (Final diseese or condition resulting In deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Part II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Onknown 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy parformed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medice exeminer? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 No 1 Yes 2 ER/Outpatient 3□ DOA 28e. Date of Injury (Month, Day Year) 27. Menne of Deeth 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending investigation 1 Yes 2 No 2 ☐ Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier 1 🗹 CertifyIng Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner as steted. (Check only ner: On the basis of or ainetion end/or Investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) 29b. Signature and title of cent

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State Registrar

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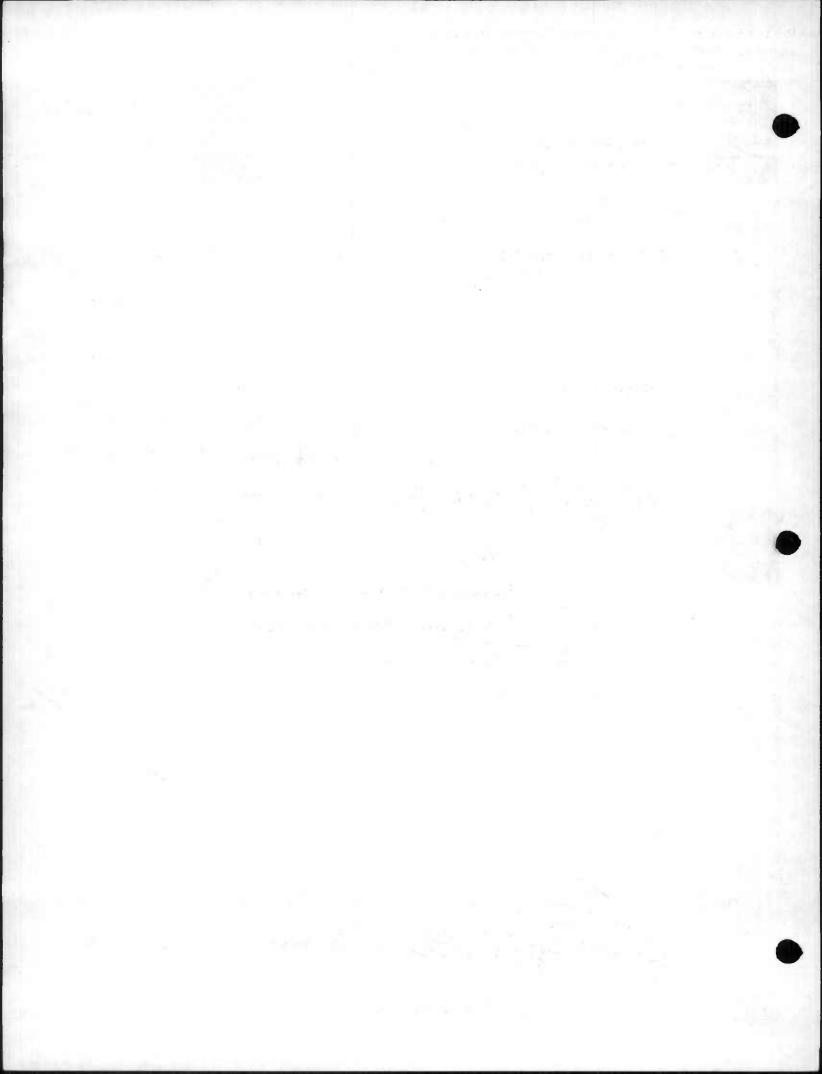
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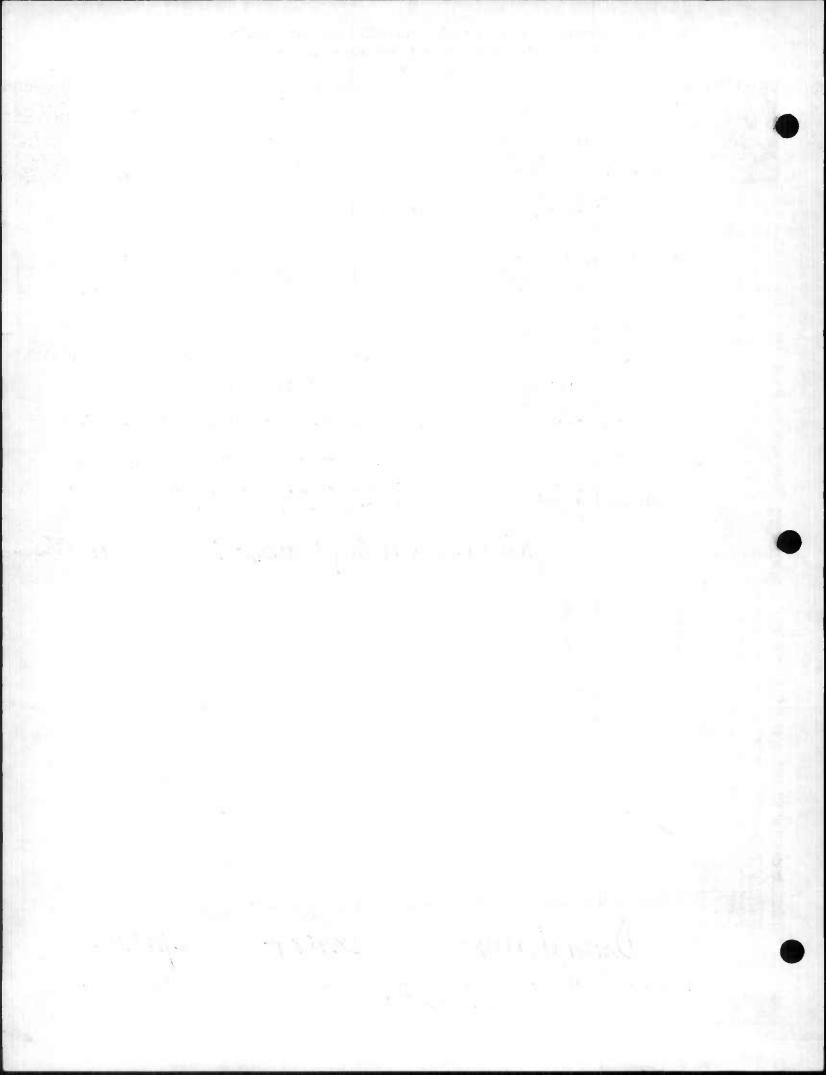
Peter G. Uggowitzer, M.D. 721 Hanover Pike Hampstead, MD 32. Pegistrer's Signature 1998

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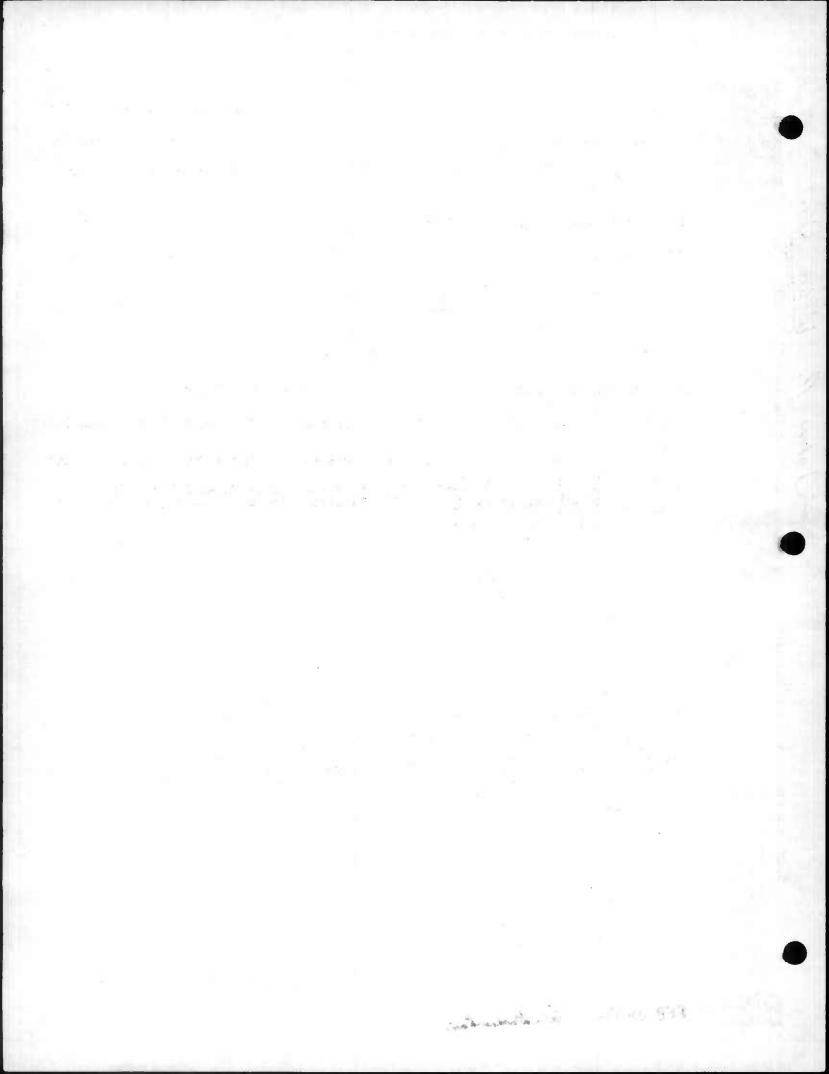


State of Maryland / Department of Health and Mental Hygiene 98 05301

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Registrar			- 2	FEB 1	2 1998°	Jama 1	William No.	dall							



			State of Maryland / Dep	ertificate of			giene 98	05302		
г	Physici	ian	Decedent's Name (First, Middle, Last)	2. Dete of Deeth 3 Month Dey Yeer		3. Time of Deeth				
,	/Medic		John Alired Wise, Jr.	ry 6, 19	98 9:50 pm					
þ	Examir	ner		e George's						
		P	Doctor's Community Hospita1 5. Social Security Number 6. Sex 7. Age (In yrs. last birthde)							
	Funeral Director		577-24-9603 1\(\tilde{\mathbb{M}}\) M 2□ F 73 Yrs.	Months Deys	Hours Min.	8. Dete of Birth (Month, De) Feb. 14	Year)	9. Birthplece (Stete or Foreign Country) Maryland		
			Usual Residence of Decedent			FED. 14	1 1 7 2 4	naryrand		
	how		10e. Stete 10b. County 10c. City, Town or I	Location				10d. Inside City Limits		
	e Ma	cto	Maryland Prince George's College	Park				1 M Yes 2 No		
	or 2	Directo	10e. Street end Number	10f. Zip Code			10g. Citizen of Wh	et Country?		
	23e	Funeral	7323 Radcliffe Drive	207			U.S.A.			
	Hem Hem	nu	11. Marital Stetus 11. Marital Stetus 12. Wes Decedent Ever In U,S. Armed Forces? 1. ☑ Yes 2 ☐ No 1 0 / 2	 Wes Decedent of I If Yes, specify Cub 	en, Mexican, Puerto	Rican, etc.)		American Indien, White, etc.		
020	ours after death with the Marylan ral', or items 23a or 28a-f show Examinat must be notified at	by		1□ Yes 2ᢂNo	Specify:		Specify:	White		
0200-612	buid be filed within 72 hours after death with the Maryland Mental Hygiene. arked other than "natural", or items 23a or 28a-f show atic event, the Medical Examiner roust be notified at	ted	15. Decedent's Education 16e. Dec (Specify only highest grede completed) (Giv	edent's Usuel Occup ve kind of work done DO NOT use retire	petion	laa	16b. Kind of Busi	ness/Industry		
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maryland	d be filed antal Hyg ed other	Be			_					
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Ξ	nd 2 alth a 27 la r trau							aryland 20740		
ore,	of Head		20e. Method of Disposition 20b. Place of Disposition			Dete	20c. Location - C			
Ĕ	Page nent of int: If		Laburar 2 Cremetion 3 Hemover from State	incoln Cem		/10/98	Brentwood	d, Maryland		
Saltimor	permit. Pages 1 and 2 should be Department of Health and Monta Important: If Item 27 is marked any injury or other traumatic es once.			22. Name and Addre		-	1 **	P 1		
U	20149		and be say I feet	rancis Ga 739 Balti	sch's Son more Aven	s Funer ue, Hya	al Home, ttsville	P.A. , MD 20781		
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Y.	Physician / /Medicai		Immediate Cause (Final		, —			Onset end Deeth		
	Examiner		resulting in death)	emin						
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	certificate be executed ding physician and use as the burial-transit	Examiner	Sequentially list conditions. b. Due to (or es e consi	1						
Š	e exe	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury c.					**		
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	aw re	Completed	All control	1	. 0/	L. Alls	-	completion of cause of deeth?		
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	the H	Medical								
	6 1 6 B	-	29b. Signature and title of certifier	29c. Licens	se number	-	29d. Date signed (Month, Dey, Year)		
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	(1)		30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type	e, Print)	leen ful	11 4	2 -	90771		
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	Registr	-	FER DO 1000							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 6,1998 8:15 A.M. Feb. Francina T. Wise /Medical 4a. Facility Nama (If not institution, give street and number)

Lane House Group Home 4b. City, Town, or Location of Death 4o. County of Death **Examiner** Prince George's Mt. Rainier 3407 Eastern Ave.

5. Social Security Number 6. Sax
578-32-0835 1 M 20 F If Undar 1 Yaar If Undar 24 Hrs.
Months Days Hours Min. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, 9. Birthplaca (Stata or Foraign **Funeral** Months Carolina 1 M 20 F 78 Yrs. Director 12/ Usual Rasidance of Decedant the Maryland permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylan Department of Health and Mentel Hygiene.
Important: if item 27 is marked other than "natural", or items 23s or 28s-f ahow any highry or other treumstic event, the Medical Examples must be notified at once. 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits D.C. N/A Washington 1 □ Yas 2 □ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 20019 5919 Dix St., N.E. Funeral U.S.A. 12. Was Decedant Evar In U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 ☐ Nevar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Black by Specify: 3 XWidowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Nursing Elamantary/Secondary (0-12) Collaga (1-4or 5+) Hospitál 12th L. P. Nurse 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be To Josephine Turner Thomas (Unknown) 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 12904 Cloverly Dr., Upper Marlboro, Md. 20774 Carmen Oates/Daughter 20b. Place of Disposition (Nama of cematary, cramatory or other place)
Harmony Mem. Park 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 2/13/98 1 Burial 2 □ Cramation 3 □ Ramoval from Stata Landover, Md. 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvica Licensea 22. Nama and Addrass of Facility H.S.Washington & Sons Co 4925 Burroughs Ave., N.E. Sons Co., Inc. any U. Be 23a. Part1. Entar the disease, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batw Onsat and Death **Physician** /Medical Immadiata Causa (Final Dua to (or as a consequence of): disaasa or condition rasulting in daath) Examiner Examiner Dua to (or as a consaquance of): ettending physician and for use es the burial-transit The law requires that the deeth certificete be executed Sequantially list conditions, if any, laading to immediata causa. Entar Underlying Causa (Disaasa or Injury that initiated evants rasulting in daath) Last P.O. Box 68760, Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? signed by t 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performad? peed page 2 certificate 1 ☐ Yas 2CXNo 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) Hospital: Othar: Mursing Homa 5 Rasidance 6 Othar (Specify) 10 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 GNatural 5 Panding invastigation To the Hospital or Attending within 24 hours effer death.

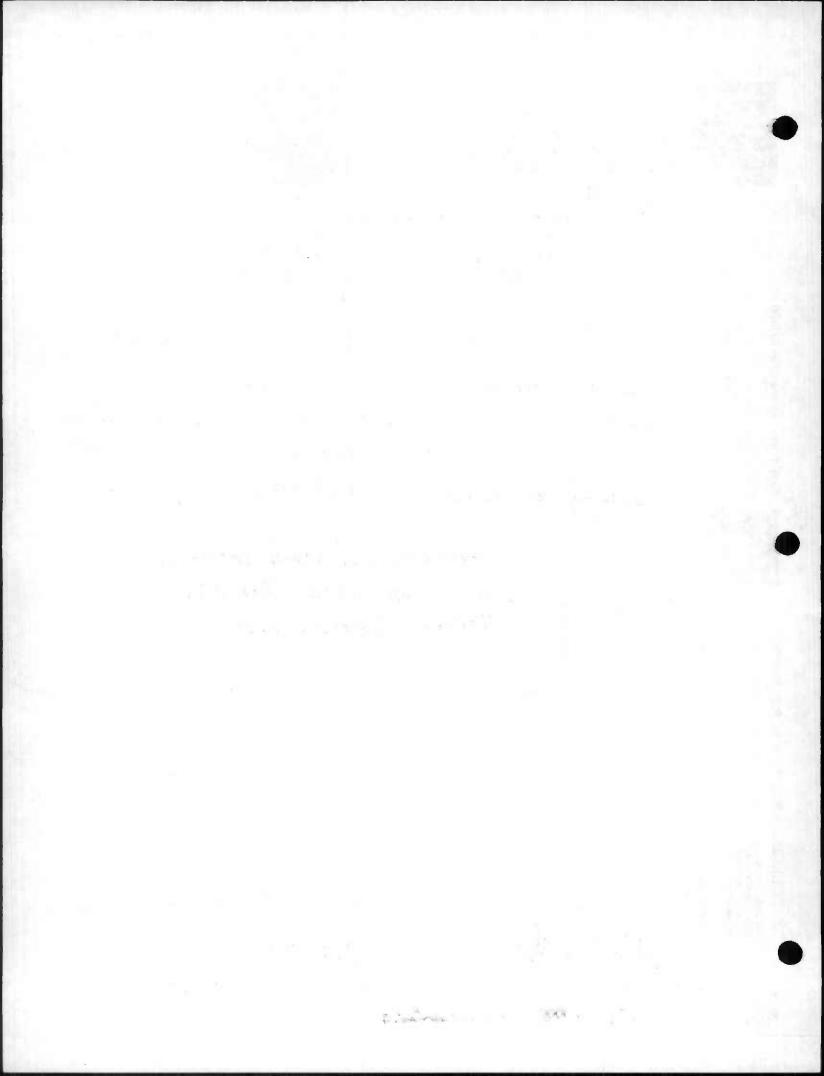
To the Funeral Director: Affe completely filled in by the fun 1 Yas 2 No 2 Accidant 3 Sulcida 6 Could not be datarminad 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida * Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Cartifian (Check only 29b. Signatura and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) Feb. 9,1998 30. Name and addrass of person who complated causa of daath (Itam 23a) (Typa, Print) Ophnell Cumb 31. Data filed (Month, Day, Yaar) Cumberbatch, M.D. 8416 Central Ave., Landover, Md. 32. Degistrar's Signatura State

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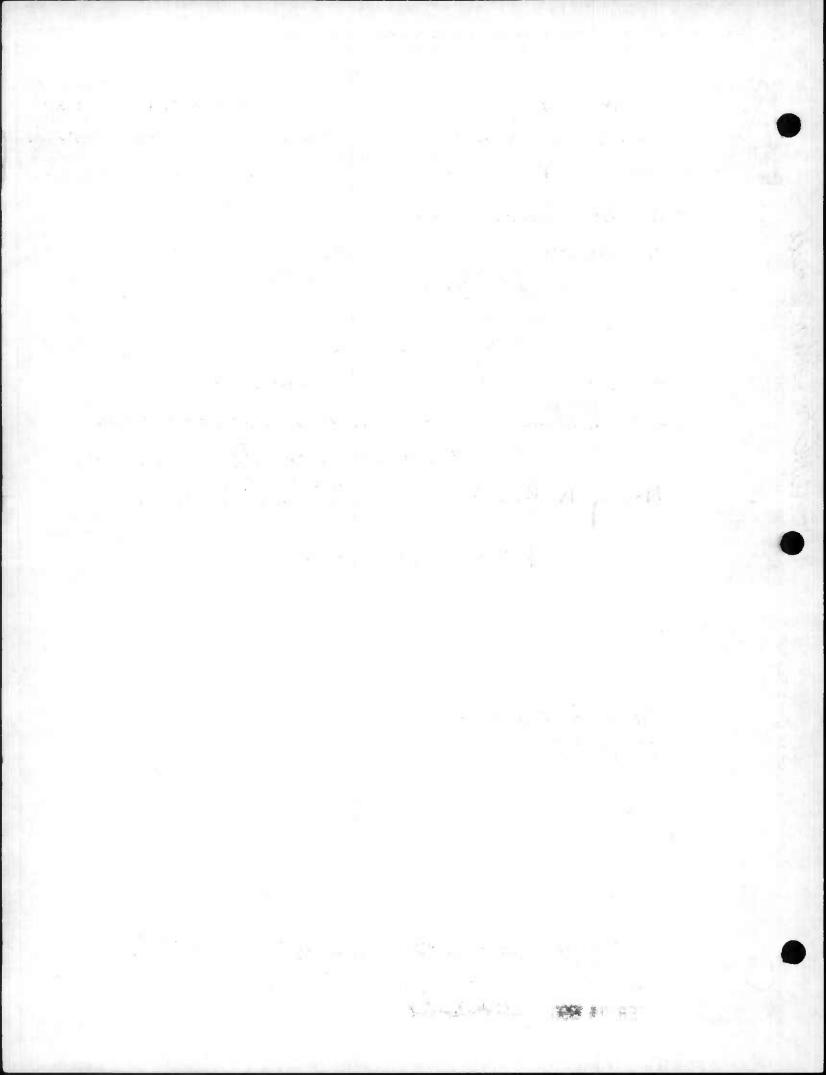
Registrar

FEB 09 1998



State of Maryland / Department of Health and Mental Hygiene

Physician				f Death	Reg.	No.			
Physician	1. Decedant's Nama (First, Middl	a, Last)			2. Data of Death		3. Tima of Death		
/Medical	JOHN SAMUEL	WAGES			Month February	^{Day} , 1998	5:28am		
Examiner	4a. Fecility Nama (If not institution	n, giva street and number)		4b. City, Town, or Loc	ation of Deeth	4c. County of Deat	h		
	Doctors Comm	unity Hospital		Lanham		Prince G	eorge's Co		
Funeral	5. Social Security Number	6. Sex 7. Aga (In yrs. las		ar If Undar 24 Hrs.	8. Date of Birth (Month, Day, Y	9. Birti	hpieca (Stata or Forei		
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₹ 11	10a. Steta 10b. County	10c. City,	Town or Location				10d. Inside City Limi		
nione must be notified at Noner must be notified at Funeral Director	Maryland Prince	e George's Lan	ham				1 X Yas 2 □ N		
or 21	10e. Street end Number	n •	10f. Zip Code		10g	Citizen of What Co	untry?		
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by by	1 ☐ Navar Married 2 🖄 Marri 3 ☐ Widowed 4 ☐ Divorced	If Yas Give	1□ Yas 2⊠ N	o Specify:		Specify: B1	ack		
ygiene. Ner than 'naturn It, the Medical I	15. Decedan	t's Education st grade complatad)	16a. Decedent's Usual Occ	upation	16	b. Kind of Business/l	Industry		
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1	12th		Meat Cutte	r		Private			
9 9	17. Father's Nama (First, Middle,	Last)		18. Mothar's Name		,			
marked matic ev	John Wages			Frances	Jacksor	1			
2 2 2	19e. Informant's Name/Ralations		19b. Mailing Address (Stre						
12.5	Betty L. Wages	/ Wife	5908 Justina	Drive, Lar	nham, Mar	'yland 207	706		
T other	20a. Mathod of Disposition	2000	ca of Disposition (Nama of natary, cramatory or other p	laca) O	Date 200	. Location - City or	Town, Stata		
= 0	1 ☑ Burial 2 ☐ Crametion 4 ☐ Donation 5 ☐ Other (S	3 Linamoval Irom Stata Maria	yland Veterans	O	998 Ch	neltenham, M	Marvland		
r injury	21. Signetura of Funaral Service	Licansee	22. Nama and Add	Irass of Facility					
EES	Nanca	A. Percenti		KINS FUNEKA over Road,		Marylan	d 20785		
	23a. Part1. Enter the disaasa, or	complications that causad the death. only one ceuse on each line.					Approximata		
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miner	disaasa or condition rasulting in daath)	a. Pulmonar Dua to (or a	on one	ism					
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physician and s the burial-transit edical Examiner	Sequentially list conditions	b. Dua to (or a	s a consequence of):						
EX	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause. (Disease or injury c.								
g physicia as the bur edical	Cause (Disease or injury that initiated avants could be consequence of):								
	that initiated avants	resulting in daaln) Last							
0166	that initiated avants resulting in daath) Last								
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A B	resulting in death) Last	d	ng in the underlying causa	givan in Pert I.	23b. Did toba	cco use contribute	to the cause of dea		
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Baltimore, Marylan

State of Maryland / Department of Health and Mental	Hygiene
Certificate of Death	Reg. No.

Physician	ı
/Medical	
Examiner	ı

1. Decedent's Name (First, Middle, Last) ANTHONY STEVEN

WILLIAMS

2. Date of Death

3. Time of Death

4a. Facility Name (If not institution, give street and number)

JANUARY 4b. City. Town, or Location of Deeth

CAMP SPRINGS

29 1998 1:55 P.M. 4c. County of Deeth

Funeral Director

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Hygiene.

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Physician

/Medical

Examiner

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death

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signed by

peen page 2 785

certificate

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· Attending ler death.

Hospital 24 hours

or Attendi

director

Box 68760

PO

Division of Vital Records.

Examiner

Physician/Medical

by

Completed

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Certification:

edicai

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Baltimore, Maryland 21215-0020

should be Mental the Medical Examiner must be

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Completed

ANTHONY STEVEN WILLIAMS

579-70-6993 Usual Residence of Decedent

5. Social Security Number

10c. City, Town or Location Prince George's

If Under 1 Year Months Days If Under 24 Hrs. Hours Min.

PRINCE GEORGE'S 8. Date of Birth (Month, Dev. Yeer) January 29, 1952 9. Birthplace (State or Foreign

10b. County

Maryland

Forestville

7. Age (In yrs. last birthday)

46

10d. fnside City Limits 1 Yes 2 □ No

10g. Citizen of What Country?

10e. Street and Number

2914 Parkland Drive 11. Marital Status

MALCOLM GROW MEDICAL CENTER

10f. Zip Code 20747

U.S.A. 14. Rece - American Indian.

1 ☐ Never Merried 2 Merried 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forces? 4/20 Armed Forces?

1 X Yes 2 No 4/30/71
If Yes, Give Year or Dates:6/30/72

 Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 1 ☐ Yes 2 No Specify:

Bleck, White, etc. Black

15. Decedent's Education (Specify only highest grade completed)

Elementery/Secondery (0-12) College (1-4or 5+) 12th

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Mail Handler

16b. Kind of Business/Industry Government

17. Fether's Name (First, Middle, Last)

James G. Williams 18. Mother's Name (First, Middle, Meiden Sumame) Marie L. Rogers

19a. Informant's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code)

Sharon L. Williams/Wife

2914 Parkland Drive, Forestville, Maryland 20747 20b. Plece of Disposition (Name of 02/06

1998

20a. Method of Disposition

1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

cemetery, crematory or other place)
Maryland Veterans Ceme.

20c. Location - City or Town, Stete

Cheltenham, Maryland

21. Signature of Funeral Service Licenses

Non

Per con

J. B. JENKINS FUNERAL HOME

7474 Landover Road, Landover, Maryland 20785

SEIZURE

23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

UNKNOWN

UNKNOWN

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest

Due to (or as a consequence of)

ASPIRATION

Part fl. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

Due to (or as a consequence of) Due to (or as a consequence of)

23b. Did tobacco use contribute to the cause of death?

1 Yes 2 No 3 Probably 4 Unknown

HYPERTENSION

24a. Was an autopsy

24b. Were autopsy findings evailable prior to completion of cause of death?

1 Yes 2 No

1 □ Yes 2 □ No

25. Was cese referred to medicel examiner? 26. Place of Deeth (Check only one)

1X Yes 2 No 27. Manner of Death 1 X Natural 2 Accident

3 ☐ Suicide

4 Homicide

5 Pending investigation 6 Could not be determined

Hospitai: 1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year)

28b. Time of

28c. Injury et Work? 1 Yes 2 No

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28d. Describe how injury occurred

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifie (Check only one)

1 🗷 Certifying Physician: To the best of my knowledge, death occurred at the time, date and piace, and due to the ceuse(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number VA 0101055157 29d. Date signed (Month, Day, Year) JANUARY 29, 1998

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)

89 MDG 1050 W. PERIMETER ROAD SUITE C1-7

ANDREWS AFB, MD 20762-6600

Registra

completaly

31. Date filed (Month, Day, Year)

04.55

GRETCHEN S. SHAAR, CPT, USAF, MC



DHMH 16 Rev 6/95

To the within 2

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 26 per Physician G-756 2/21/98 Certificate of Death 1. Dacadant's Name (First, Middla, Last) 2. Data of Daath **Physician** Day 8 February Η. Gange 1:50 PM /Medical 4a. Facility Nema (If not institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** 112 Range Rd. Glen Burnie Anne Arundel 5. Social Security Number 6. Sex 18 M 2 ☐ F 7. Age (In yrs. last birthday) If Undar 1 Year | if Under 24 Hrs. 8. Data of Birth Month Day, Year) May 5, 1937 9. Birthplaca (Stete or Foreign Country) Maryland **Funeral** Months Deys Hours 216-34-0296 60 Director Usuel Rasidance of Decedant 10b. County Show 10c. City. Town or Location 10d. Insida City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at 1 Yas XX No Director Maryland Somerset Crisfield 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3791 Gandy La. 21817 USA Funeral 12. Was Decedant Ever In U,S. Armed Forcas? 1 M Yas 2 □ No If Yas, Give FF FO 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours after a Depertment of Health and Mental Hygiena. Important: If itsm 27 is marked other than "natural", or iten any injury or other traumatic event, the Medical Example once. 1 Nevar Married 2 Married 1 Yas 2 No Specify: à If Yas, Give Yaar or Datas: 55 – 58 Spacify: 3 Widowed 4 Divorced White Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grade complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collaga (1-4or 5+) Superintendent Carpenter Hospitals 17. Fether's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Anthony M. Gange 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 3791 Gandy La. Crisfield, Md. 21817 Elizabeth M. Gange (Wife) 20b. Place of Disposition (Nama of 20a, Mathod of Disposition 20c. Location - City or Town, State cematary, cramatory or other placa) 1 Burial 2 Cramation 3 Ramoval from Stata 2/21/98 Glen Burnie, Maryland Glen Haven Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Sarvice Ligensee 22. Nama and Addrass of Facility Stallings Funeral Home PA 23a. Part1. Enter the discusse, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or heart failure. List only one cause of each line. Md. 21122 Approximata Intarval Betwean Onset and Death Physician Immediete Causa (Final disaasa or condition rasulting in daath) /Medicai a. Extensive Small cell lung Cancer
Dua to (or as a consaquanca of): year Examiner Sequantially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or injury that initiated avants rasulting in daath) Last and Dua to (or es e consequance of): Physician/Medicai Due to (or as e consaquance of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 12 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Wara eutopsy findings available prior to 24a. Was an autopsy performed? completion of causa of death? 2 No 1 Tes 1 ☐ Yas 2 ☐ No 25. Was casa rafarred to medical axaminar? Be 26. Placa of Death (Check only ona) Othar: 4 Nursing Home 5 Residence S Othar (Specify) Daughter's 2 1 Yas 20 No 1 ☐ Inpatiant 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Death 28a. Data of injury (Month, Day Year) 28b. Tima of Injury 28c. Injury at Work? 28d. Describe how injury occurred Certification: 1 Natural 5 Panding invastigation 1 ☐ Yas 2 ☐ No the 2 Accident 6 Could not be datarminad 3 Suicida Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

The law requires that the death certificate be axecuted Division of Vital Records, P.O. Box 68760, Attending Physician: After this death. actor:

with the Maryland

death

Baltimore, Maryland 21215-0020

29a. Cartifier (Check only one) Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha time, data and place, and due to tha causa(s) and mannar as stated.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha time, data and place, and due to the causa(s) and mannar stated.

29b. Signetura and title of certifian

29c. License number

29d. Dete signed (Month, Dey, Year)

MD 30. Nama and address of person who complated causa of daath (Itam 23a) (Type, Print)

BASSAM MATAK, MD, university of Wary God Caucar Center

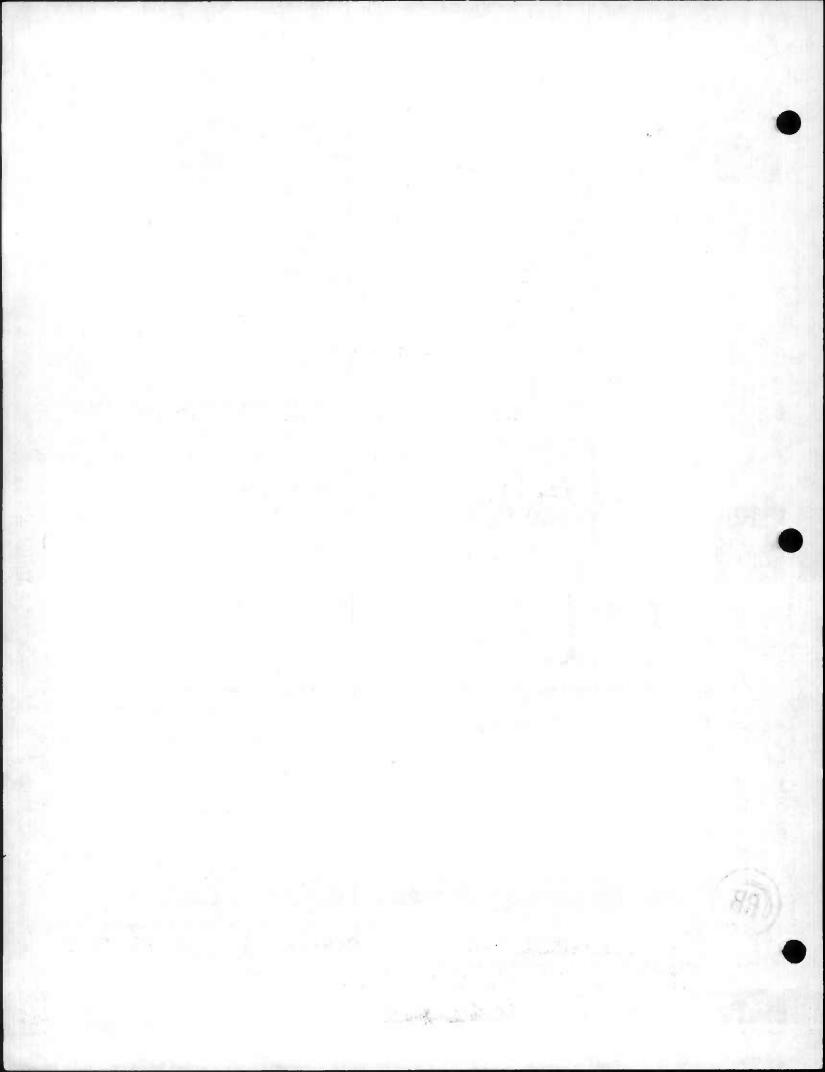
22 S. Greene St. Baltimore, MD 21201

D45102

31. Date filed (Month, Day, Year) State Registrar

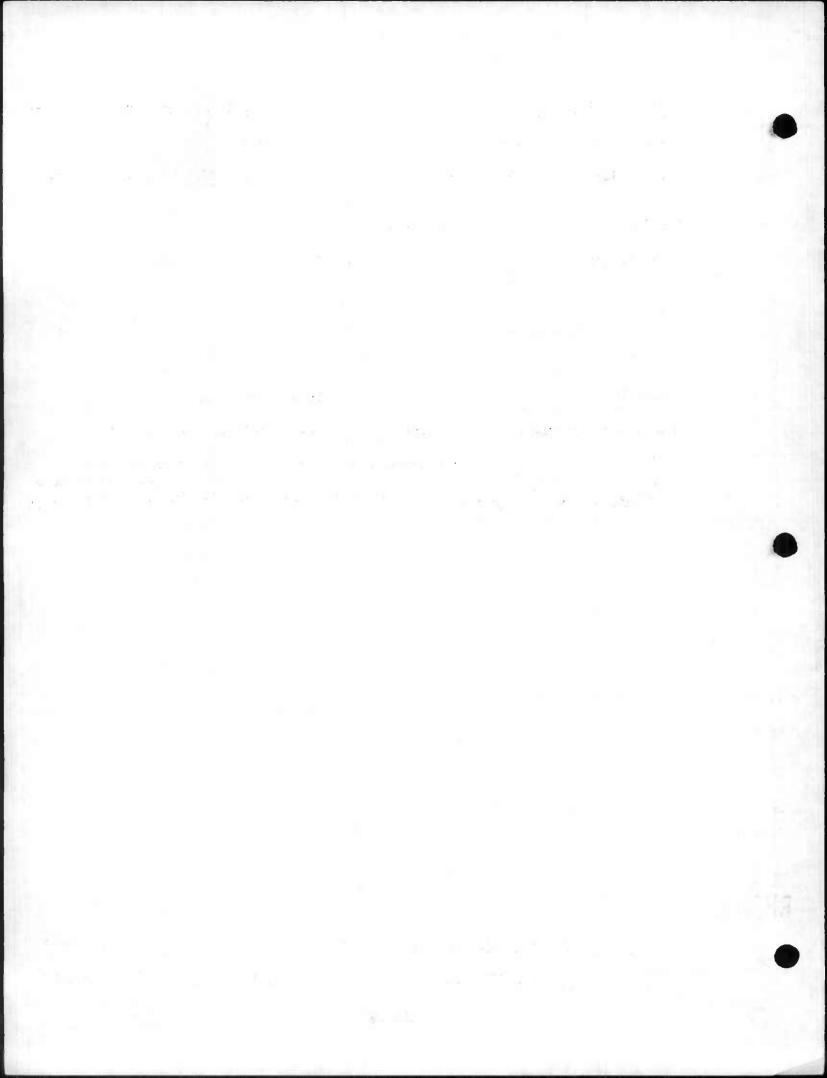
FEB 2 1 1998

32 Registrar's Signatura



State of Maryland / Department of Health and Mental Hygiene 8 15307

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miner	100	llity Neme (If not institution berty Medic			,				Balti		46.00	ounty of Deet	n	
		al Security Number	6. Sex		an In um	last birthdey)	If Under	1 Year	If Under 24 H		dh	O Die	h-lass /04	-An (C)
or	212	2-18-8151 Residence of Decedent		2 LF	87	Yrs.		Deys	Hours Mi		ay, Year) 10	Sout	untry) En Ca	rolina
	10a. Si		у		10c, City	y, Town or Lo	cation			10d. Inside				
Sto	Mar	yland	NA		Ba1	timore	2						15	Yes 2□No
)ire	10e. St	reet and Number					10f. Zip	Code			10g. Citizer	of What Co	untry?	
a l	194	5 Clifton A	ve.				2	2121	7		USA			
/ Funeral Director	10	ritel Stetus Never Merried 2 Me	mied	Wes Deceden Armed Forces 1 ☐ Yes 2 ☐ If Yes, Give	?		Ves Deced f Yes, spec			(Specify Yes or N arto Rican, etc.)	0- 14.	Rece - Ame Bleck, White	e, etc.	n,
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Be Completed	Elen	15. Decede (Specify only higher entary/Secondary (0-12)	est grade co	on <i>mpleted)</i> College (1-4or	5+)	16e. Deced (Give life. L	lent's Usue kind of wor DO NOT us	el Occup rk done se retired	etion during most of w f)	rorking	16b. Kind	of Business/	Industry	
Ö	-	7th				Fac	tory	Wor			Text			
Be	17. Fet	her's Neme (First, Middle	, Last)						18. Mother's N	ame (First, Middle	, Meiden Su	meme)		
To Be Completed by Funeral Director	Ju1	ius Wells							Vernell	Carolin	e			
	19e. Ir	forment's Neme/Relation	ship (Type,	Print)		19b. Meilin	g Address	(Street	end Number or i	Rural Route Numi	er, City or T	own, Stete, 2	(ip Code)	
		nie Gamble-	Daught	er		1945	Clift	on .	Ave., Ba	ltimore,	Marvla	nd 212	17	
		ethod of Disposition Buriel 2 Cremetion	3 □Bam	ovel from State	20b. P	leca of Dispo- emetery, cren	sition (Nennetory or o	ne of ther plea	(e)					
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once.	21. Sig	nature of Funeral Service	Licensee		,	22	. Neme en	d Addre	ss of Fecility I	Perrick	Ion	es Fun	prol	Home
Suc		Dr	1 C	·		46	11 Pa	irk !	Heights	Ave.,Ba	Ltimor	e. Mar	vlan	1
	23a. F	ert1. Enter the diseese, on the control of the cont	r complicati	ons that dause	d the death	Do not ente	er the mode	e of dyln	n such as cardi	ec or respiretory	arrest		Approx	
dedical Examiner	Seque if eny, cause.	iete Ceuse (Finel e or condition ng In deeth) ntlelly list conditions, leeding to immediate Enter Underlying (Disease or Injury lieted events	e	Aspir Gast Ren	Jue to (or	as a consequence	uence of):		eding					
늏	resultin	ig In deeth) Last	1	0	Due to (or	es e consequ	uenca of):					1		
1			d	Car	of 181	~ > ob	ath)	/				1		
<u> a</u>														
Physician/A	Pert II.	Other significant conditi	ons contrib	uting to death	but not resu	ulting in the ur	nderlyling ca	ause giv	en in Pert I.		tobacco us Yes 2□			4 Duknow
Completed by	X									24a. We	s en eutopsy ormed?		Were autopovaliable po completion of death?	osy findings rior to of cause
E											Yes 211			21 No
	25 W4	s case referred.tó medica	s.I						00.0110			40	1 1 1 1 1 1 1	ZUE INO
Be	exe	miner?	Hosp	pitel:				Oth	AP	eeth (Check only		7		
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0	1 🖰	Neturel 5 ☐ Pendi		8e. Dete of Inj (Month, D	By Year)	Injury		8c. Injur Wor		200. Describe	now injury c	CCUITEG		
Certification:	3 [2 Accident 3 Sulcide 4 Homicide Solution Soluti						1 ☐ Yes 2 ☐ No 1 ☐ Street end Number or Rural Route Number City or Town, Stete)			Number,			
	29a. C	ertifier 1 Certify	ng Physicia	n: To the best	of my know	vledge, deeth	occurred a	at the tin	ne, date end ple	ce, end due to the	cause(s) an	d manner es	stated.	
101		heck only 2 Medical	Examiner:	On the basis of end menner s	of exeminet	ion end/or Inv	estigetion,	In my o	pinion, deeth oc	curred et the time	dete and pl	ace, end due	to the cau	se(s)
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Dete of Death 3. Time of Death February 11, Alva Guy Allison 1998 11:30 AM 4b. City, Town, or Location of Deeth 4a Facility Neme (If not Institution, give street and number) 4c. County of Death Ellicott City St. Agnes Nursing & Rehab. Center Howard 6. Sex 1 M 2 F If Un r 1 Y Birthplace (State or Foreign Country) 5. Sociel Security Number 7. Age (In yrs. last birthday) Months Davs 85 215-10-7610 Nov. 29, 1912 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maruland Baltimore White Marsh 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? 5319 Bangert Avenue 21162 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1,∆ Yes 2 □ No If Yes, Give 14. Rece - American Indien, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Manital Status 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: White Specify 3 Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Tool & Die Co. 11th grade Vice President 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Guy Allison Margaret Huber 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Stanley A. White 8030 Nottingham Way, Ellicott City, MD 21043 (step-son) 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date 1 N Burial 2 ☐ Cremation 3 ☐ Removal from State Michael Luth. Ch. Cem. 2/16/98 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Euperal Service Licensee 22. Name and Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Deeth Immediate Cause (Final years disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en eutopsy performed? 1 Yes 2 No 1 Yes 20 No

Physician /Medical **Examiner**

Physician

Examiner

Funeral

Director

ehow

7 is marked other than "naturel", or items 23s or 28s-f ehov traumstic event, the Medical Examiner, must be notified at

deeth with the Meryland

Peges 1 and 2 should be filed within 72 hours efter

Hygiene.

Depertment of Health end Mental important: If Item 27 is marked or

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any injury

altimore, Maryland 21215-0020

/Medical

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Funeral

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Completed

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Examiner the buriektran Records, P.O. Box 68760. certificate USB BS signed by t hes

Division of Vital

page 2 certificate Attending Physician: this funeral After death. or Attended of the death of the chart. Hospital c n 24 hours

Physician/Medical by Completed Be P Certification:

Medical

29a. Certifier

29b. Signature and title of our

State Registrar Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth Date of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Neturel 5 Pending investigation Injury 1 Yes 2 🗌 No 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

> 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted.
>
> 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 20c License number

29d Date signed (Month, Day, Year)

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) MILLES

Within 2 To the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene | Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Month Year ANDROWSK February FEDOR 0010 COFORCE 1998 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Baltimore HOSPITAL If Under 1 Year | If Under 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Dey, Year) Months Days Hours Yrs

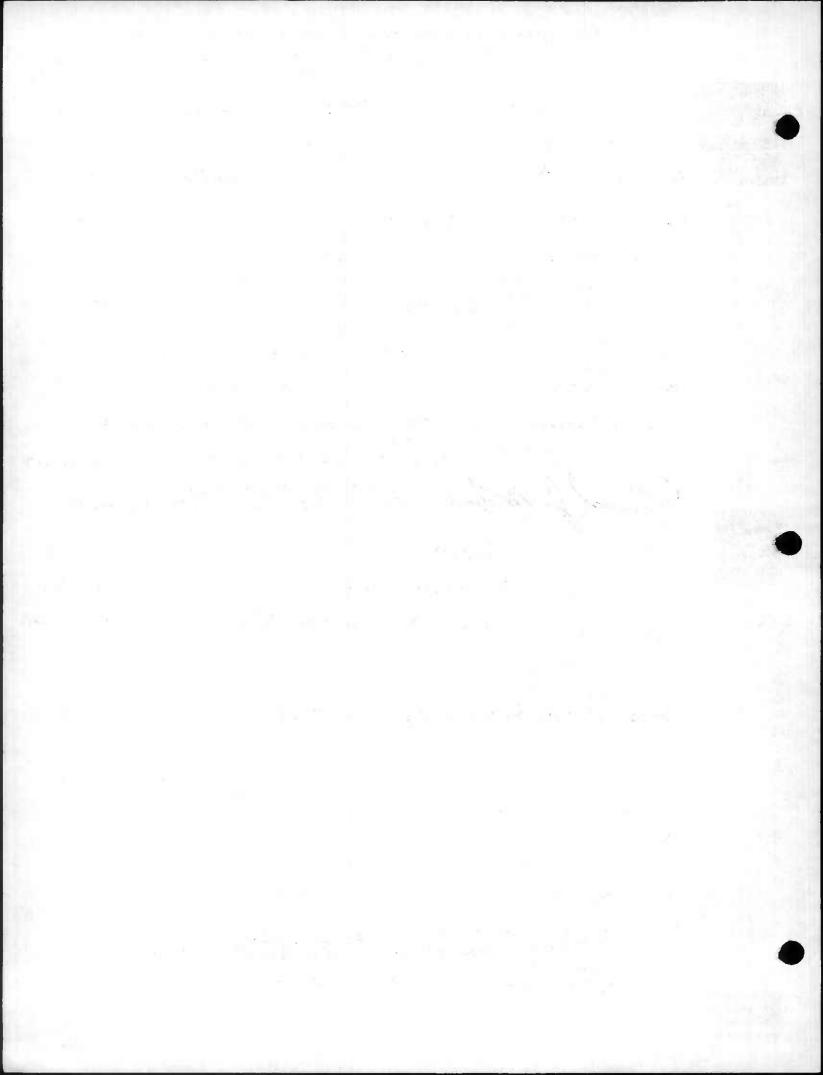
Examiner SMai 6. Sex. 1 M 2 □ F 5. Social Security Number Birthplaca (State or Foreign Country) **Funeral** Director 058-16-4718 75 08/04/1922 New York Usual Residence of Decedent the Maryland 10a. Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show 1 Vas 2 No Director N/A Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? death with 729 Nottingham Road 21229 USA Funeral 12. Was Decedant Ever In U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. Raca - American Indian, Black, White, etc. filed within 72 hours after 1 Yes 2 No ff Yes, Give Yaar or Dates:1944-1975 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No by 3 ☐ Widowed 4 ☐ Divorcad Specify: White Hygiene. other than "natura ent, the Wegical E Completed 15. Decadent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Chief Petty Officer US Navv . Pages 1 and 2 should be filed w tment of Health and Mental Hygien tant: If Item 27 is marked other th jury or other traumatic event, the 12th 17. Father's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be Peter Androwsky Mary Navatska 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Theresa E. Androwsky / Wife 729 Nottingham Rd. Baltimore, Maryland 21229 20a. Method of Disposition 20b. Placa of Disposition (Neme of cametery, cremetory or other pleca) Date 20c. Location - City or Town, State ¶ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Department o Important: If any injury or once. Garrison Forest Cemetery 2/24/98 Owings Mills, Maryland 21. Signature of Funeral Service 22. Name and Addrass of Facility David J. Weber Funeral Home 23a. Part1. Enter the disease to complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. 5311 Edmondson Ave. Baltimore, Maryland 21229 Approximate intervel Between Onset and Death **Physician** SEPSIS /Medical Immediate Cause (Final Weeks disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner INFECTED LIMB weeks Sequantially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In death) Last Dua to (or as a consequence of): DISEASE PERUPHERAL VASCULAR MANY YCHS P.O. Box 68760 Physician/Medical The law requires that the death certificate Due to (or as a consequanca of): usa Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contributa to the cause of death? á 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 🕱 Unknown CARDIOMYOPATHY sate has been signed page 2 should be det Records, þ 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? certificate 1 ☐ Yes 2 No of Vital Hospital or Attending Physician: 24 hours after death.
 Funeral Director: After this certifica director, 25. Was case referred to medical Be 26. Place of Deeth (Check only one) Hospital: 1 Inpatiant Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No 2 ER/Outpatient 3 DOA funeral 27. Mannar of Death 28a. Date of Injury (Month, Day Year) 28b Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? Division 1 Naturei 5 Pending 1 Tyes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28a. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a, Certifier 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the besis of examinetion and/or Investigation, in my opinion, death occurred at the time, date end plece, and due to the cause(s) and manner stated. To the within 2 29c. License number AS 2402321-JB-8587 29b. Signature and title of 29d. Dete signed (Month, Day, Yeer) JI BEXINY MD february House officer 30. Name end eddress of person who completed cause of death (item 23a) (Type, Print) 146 J. Berry No.

31. Date filed (Month; Dev. Year)

FEB 23 1938 SINM HUSPITAL BACTMOKE, MD State Registrar

Physician

/Medical



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month FEB Dev 5:23 PM ALLEYN HUBERT 4e Facility Neme (If not institution, give street end gumber) 4b. City, Town, or Location of Deeth 4c. County of Deeth SINER SPRING MONT GOMERY HOSPITAL CROSS 8. Dete of Birth Month, Dey. If Under 24 Hrs. Birthplece (State or Foreign Country) If Under 1 Year 5. Social Security Number 7. Age (In yrs. lest birthday) Deys Months 1 M 2□ F Hours 220-06-2246 1920 GUYANA Usuel Residence of Decedent 10c. City, Town or Location 10b. County 10d. Inside City Limits SILVER MONTGOMERY Yes 2□No MA 2090 6 10g. Citizen of Whet Country? 10f. Zip Code 10e. Street end Number 14. Rece - American Indien, Bleck, White, etc. 12. Wes Decedent Ever in U,S.
Armed Forces?
1 □ Yes 2 ☑ No
If Yes, Give
Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 1 Never Married 2 Merried 1 Yes 2 No Specify: BIACK Specify: 3 ₩idowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondary (0-12) ELECTRICAL ENGINEERING ENGINEER 18. Mother's Name (First, Middle, Maiden Sumame) 17. Fether's Neme (First, Middle, Last) ALLE YNE AKITA JORDAN 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) PARTRIDGE DRIVE-SILVENSPRIMIN CAROL POWNE 13201 20b. Place of Disposition (Neme of cemetery, cremetory or other place) Dete 20e. Method of Disposition 1 Duriel 2 Cremetion 3 Removel from Stete SILVER SPRING, MO GOOD Hope MOTH CH. COM. FEB 7/1998 4 Donation 5 Other (Specify) 22. Name and Address of Facility SAM BUYZER 21. Signalum of Funeral Service Licensee FUNDAN SERVICE ions that caused the deeth. Do not enter the mode of dyling, such as cardiac or respiratory errest, cause on each line. De2001 Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in deeth) emonia Due to (or as e consequence of) Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contributa to the causa of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were eutopsy findings aveileble prior to 24e. Wes en autopsy performed? completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No

Physician /Medical Examiner Examiner

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Division of Vital Records, P.O. Box 68760,

Physician

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Pages 1 and 2 should be filed within ant of Health and Mental Hygiene.
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Department of Important: If

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death

altimore, Maryland 21215-0020

Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest

25. Was case referred to medicel examiner? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Npatient 2 ER/Outpetient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 2 Accident 5 Pending Investigation 1 Yes 8 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide

The Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) and menner es steted.

Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) and menner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifie 29d. Date signed (Month, Dey, Year) 29c. License number

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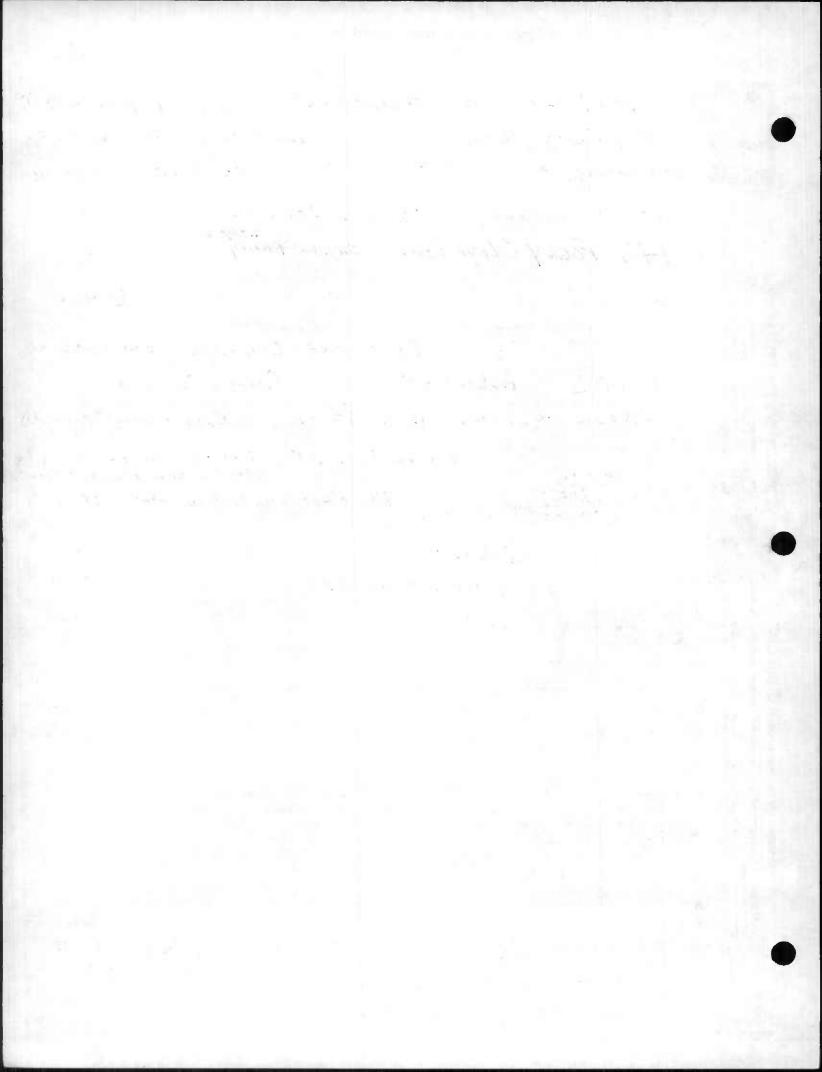
30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print)

Aue # 220 901 gna Greo 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture

wha Davidson

Servera VER

Registrar



State of Maryland / Department of Health and Mental Hygiene 2

Certificate of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death February 12, 1998 **Physician** Anthony Paul Brocato 1:15 PM /Medical 4e Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Genesis Eldercare - Loch Raven Baltimore Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number If Under 1 Yeer 6 Say 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** Days 1 X M 2 □ F Months Yrs. 215-03-4458 91 Aug. 6, 1906 Italy Director Usuel Residence of Decedent the Maryland 10a State 10h Count 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland Baltimore Baltimore Director 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code Pages 1 and 2 should be filed within 72 hours efter death with to rent of Heatih and Mental Hygiene.
nt: If Nem 27 is marked other than "naturel", or Nems 23e or 2 7 is marked other than "naturel", or items 23e or treumstic event, the Modical Examiner must be U.S.A. 1 White Law Place 21236 Funeral 12. Was Decadent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Dates: WW II 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11 Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: White þ 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Educetion (Specify only highest grede completed) Bank and Elementary/Secondary (0-12) College (1-4or 5+) Printer Unknown Stationary Company 18. Mother's Neme (First, Middle, Meiden Sumeme) 17. Father's Name (First, Middle, Last) (Surname Unknown) Anthony Brocato Josephine 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) 9646 Oakdale Ave., Baltimore, MD 21234 Betty Lou Beach (daughter) 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State permit. Page Department of important: If eny injury or = 5 Parkwood Cemetery 2/14/98 Baltimore, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name end Address of Facility
Schimunek Funeral Homes, Inc. 21. Signature of Funeral Septice Licensee 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** CARCINO MA LARYX /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Examine Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thaf initiated events resulting in deeth) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical physici Due to (or es e consequence of): 80 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably MUnknown 1 Yes 2 No signed b 24b. Were autopay findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? is certificate has director, page 2 1 Yes 2 to 1 ☐ Yes 2 ☐ No or Attending Physician: 25. Wes case referred to medical examiner? 26. Place of Death (Check only one) Other: The sing Home 5 Residence 6 Other (Specify) P 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 N 28e. Date of Injury (Month, Dey Yeer) funeral 28c. Injury at / 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred Certification: After 1 Naturel 2 Accident 5 Pending 1 Yes 2 No 24 hours after death. Investigation 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Funeral Directo 28e. Place of Injury - Af home, farm, street, factory, offica building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and mannar as stated.

Medicat Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi Medical (Check only one) 29d. Date signed (Month, Day, Year) 29c. License number 29b. Signature and title of certified Name and address of person who completed cause of death (Item 23a) (Type, Print) Zors MI State

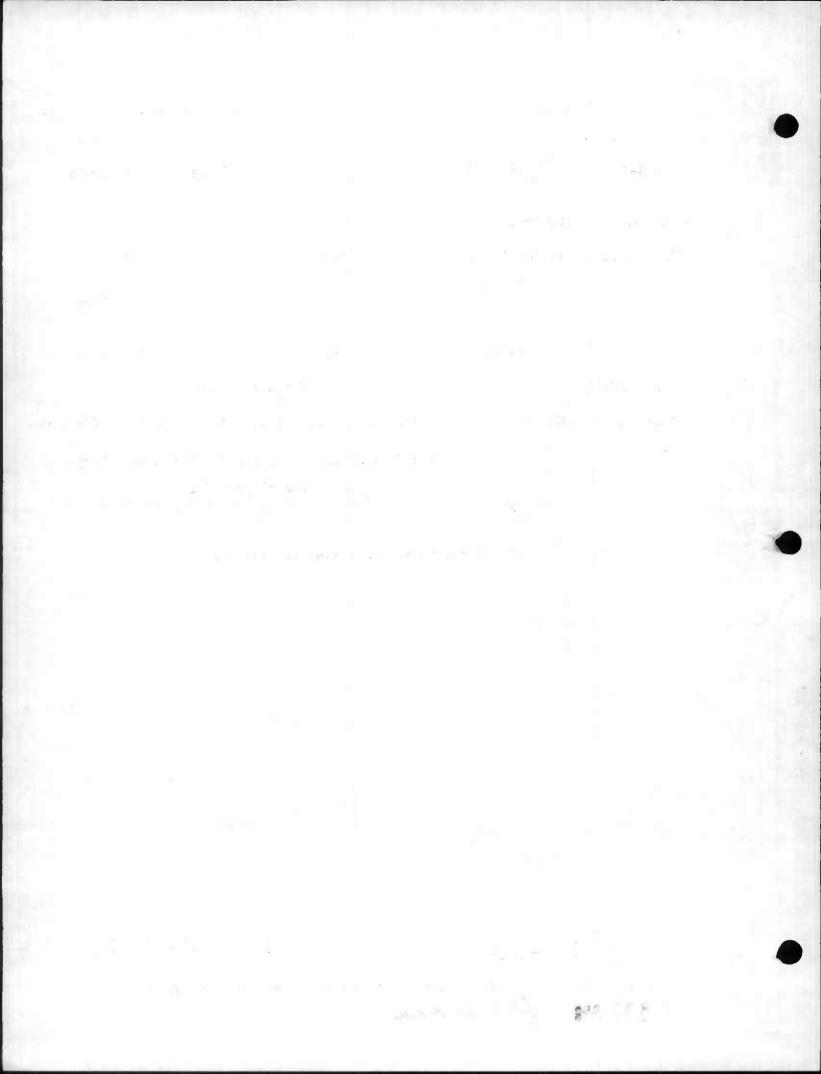
DHMH 16 Rev 6/95

Registrar

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D1 .	,	1. Decedent's Name (First, Middle, La	st)			1	2. Date of Dec	eth		Time of Deeth	
Physi- /Med		Mary B. Bar	ikley				Februar	Day	Year 1998 5	:00 pm	
Exam		4a. Facility Name (If not institution, giv	a straat and number)		4	b. City, Town, or Lo	cation of Death				
		Stella Maris				Baltimo	re	E	Baltimor	.e	
Funera Directo	_	5. Social Security Number 6. S 214-40-4831	7. Age (I		If Under 1 Yaar Months Days	if Undar 24 Hrs. Hours Min.	8. Date of Birt (Month, Day July 2	8,1912	9. Birthplace (Country) Maryla	Stata or Foreign nd	
and *		10a. State 10b. County	10	Oc. City, Town or Loca	ation				10d In	side City Limits	
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and 21215-0020 be filed within 72 hours after death with the Maryland stal Hygiene. d other than "natural", or items 23s or 28s-f show event, the Model Experient matural or colling and sevent.	by Funeral	1 X Never Married 2 Married 3 Widowed 4 Divorcad	Armed Forces? 1 Yes 2 X No If Yes, Give Year or Dates:	lt Y	Yes, specify Cuba ☐ Yes 2 🛣 No	spanic Origin? (Spe n, Maxican, Puerto I Specify:	Rican, atc.)	Bla	ck, White, atc.		
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Maryland 212: d 2 should be filed within th and Mental Hygiene. 7 is marked other than traumatic event, the M	Be	17. Father's Name (First, Middla, Last)				18. Mother's Name	(First, Middla,	Meidan Suman			
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CENL		William J. Barkle	ly Sr.			dge Road,					
Saltimore, IN bemit. Pages 1 and Department of Health Important: if item 27 Into in in in in in in in in in in in in in		20a. Method of Disposition	1	20b. Place of Disposit camatary, crama	tion (Nama of	a)	Date		- City or Town, S		
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Daillimo permit. Page Department of important: if any injury or	8	21. Signature of Funaral Service Licen		22.1	Name and Addres	s of Facility			ree, muc	geuna	
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De la la la la la la la la la la la la la	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury	b. Due	e to (or es a conseque	enca of):						
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	0 8	exeminer? 1 ☐ Yes 2 Й No	Hospital:	2 ER/Outpatient	3 DOA Othe			- 4	ner (Specify)		
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o the				29c. Licansa number			29d. Date signad (M				
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MARY BARKLEY



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9

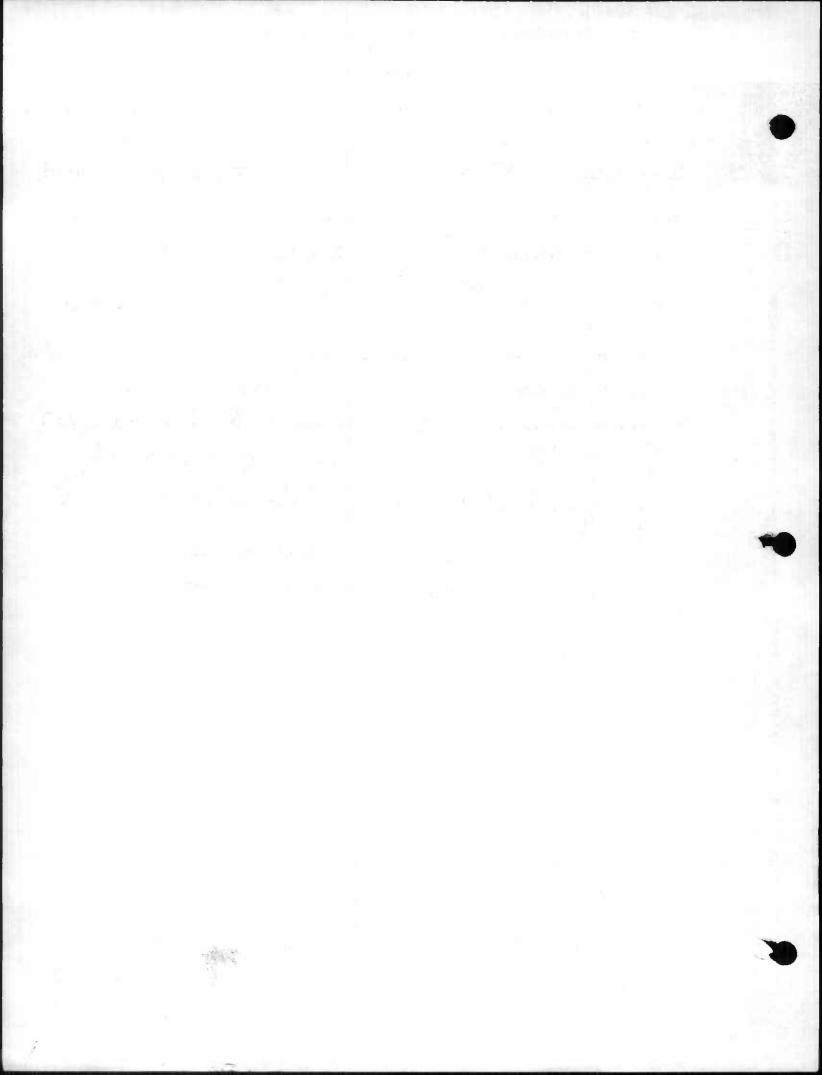
Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth **Physician** Month 2 E. avoline isrooks 22:30 98 /Medical 4a. Facility Name (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Baltimore KA of Maryland Hospital ff Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. 8. Date of Birth Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthday) 6. Sex Birthplece (Steta or Foreign Country) **Funeral** 1 M 2 M 86 216-01-0520 Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23a or 23a-f show traumatic event, the Medical Examiner must be notified at Baltimore AG 1 X00-2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2414 Woodbeook DZA Funeral 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours efter (Hygiene. 1 ☐ Yas 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: g 3 ₩idowed 4 Divorced Specify: Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Department of Health and Mantal Hygiene. Important: if item 27 is marked other than any injury or other trainment. Elementery/Secondary (0-12) College (1-4or 5+) 12+4 NA 17. Fether's Neme (First, Middle, Last) 18. Moner's Name (First, Middle, Melden Sumeme) Be GERTRUDE DORSEL Joseph 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

2414 Was a Screen and Number or Rural Route Number, City or Town, State, Zip Code)

20b. Place of Disposition (Name of cemetery, cremetory or other place)

Dete 20c. Location - City or Town, State Commentary, cremetory or other place) JERTRUDE Sister & 1ag102-0 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovel from Stete Cather Re I Com 2/27/98 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility to nogal thous waren to nogal thous was 4300 was a bash Av. Dayto Id at Punerel Service Licenses 21. Signal Hone West Inc Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, or heart failure. List only one cause on each line. Physician Heart /Medical Immediate Ceuse (Final angestive disease or condition resulting in death) Examiner oronary Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting In deeth) Last Due to (or es e consequenca of): Mellitus Records, P.O. Box 68760 Diabetes Physician/Medical the Due to (or as e consequence of): 88 attending p Pert II. Other eignificant conditione contributing to death but not rasulting in the underlying causa given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed t þ 24b. Were eutopsy findings eveileble prior to complation of cause of deeth? 24a. Wes en eutopsy parformed? Completed 1 ☐ Yes 2 No this cartificata Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this cartificat completely filled in by the funeral director. 25. Wes cese referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 27. Manner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 12 Certifying Phyelcfen: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.
2 Medicat Examiner: On the basis of exeminetion and/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end menner stated. 29a. Certifier (Check only 29b. Signature end title of certifian 29c. License number 29d. Date signad (Month, Day, Yaer) MD 30. Name end eddress of person who completed ceuse of death (Item 23e) (Type, Print) Greene st. Raltimore Mck McFadden Christopher South 22 31. Date filed (Month, Dey, Year) 21201 32. Begistrer's Signature State EB 23 1998 Registrar



Certificate of Death	4	
2. Date of Deeth 3. Time of		-

0211AM

10d. Inside City Limits

Approximete Intervei Between Onset end Deeth

DECYes 2□ No

4200 BK O'Donned St

29d. Date signed (Month, Dev. Year)

FEBRUARY 16, 1998

Yes 2□ No

Physician /Medical Examiner 1. Decedent's Name (First, Middle, Last)

Funeral Director

the Meryland Director Funeral þ Completed Be

Pages 1 and 2 should be filed within 72 hours eftar death with the Merylar nent of Haaith and Mentel Hygiene.
Int: If item 27 Is marked other than "natural", or items 23s or 28s-1 show ary or other traumatic event, the Modical Examines must be now ed. parmit. Pages
Department of
Important: If its
any Injury or o

Physician /Medical Examiner

physician the buria Division of Vital Records, P.O. Box 68760 The law requires that the death cartificate be 88 980 signed by the a d be datached f should I s cartificata has l or Attending Physician: director, this funeral ector: A Funeral Directo **1000**°C

Month Dey Year Charles Roger Braun, Jr. FEBRUARY 16, 1998 4a Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Death N/A BALTIMORE CITY
If Under 1 Year | If Under 24 Hrs. | 8, Detect J.H.H. BAYVIEW MEDICAL CENTER E.R. 6. Sex 8. Dete of Birth (Month, Dey, Yeer) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) Days **XX**M 2□ F Months Hours Min Yrs. 04/14/1970 218-11-1628 27 Maryland Usuel Residence of Decedent 10e Stete 10b. County 10c. City. Town or Location Baltimore Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4921 Eastern Ave. 21224 Apt. B IISA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Yeer or Dates: 11. Marital Stetus Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien. Black, White, etc. 1 Never Married Married 1 ☐ Yes ŽXNo Specity: Specity: White 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Mechanic Automotive 8th 18. Mother's Name (First, Middle, Maiden Sumeme) 17. Fether's Name (First, Middle, Last) Sites Charles R. Braun, Mary 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 4921 Eastern Ave. Apt. B Baltimore, Maryland 21224 Eileen M. Braun / Wife 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 Buriai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 2/23/98 Baltimore, Maryland Oak Lawn Cemetery 22. Name end Address of Fecility 21. Signature of Funeral Service Lic David J. Weber Funeral Home 23a Part Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure List only one cause on each line. Baltimore, Maryland 21231 Immediate Cause (Finel MUSTE tan diseese or condition resulting in deeth) Due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or as a consequence of): Due to (or es e consequence of) 23b. Did tobacco use contributa to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. p 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy Completed 1 Yes 2 □ No Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 X Yes 2 □ No Certification: To 1 ☐ Inpatient 2 X ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 27, Menner of Deeth 280. Describe how injury occurred

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281. Location (Street and Number or Rural Route Number,

City or Town, Stete) 28c. Injury et Work? 1 ☐ Naturei 5 Pending 1 Yes 2 No 2-16-98 0135 Investigation Accident 3 ☐ Sulcide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify)

State

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To the å

> 31. Dete filed (Month, FEB 2 3 Registrar

4 Homicide

(Check only one)

29b. Signatury and title of bertifier

of person was completed cause of deeth (Item 23a) (Type, Print)

29a. Certifier

30. Name ar

Medical

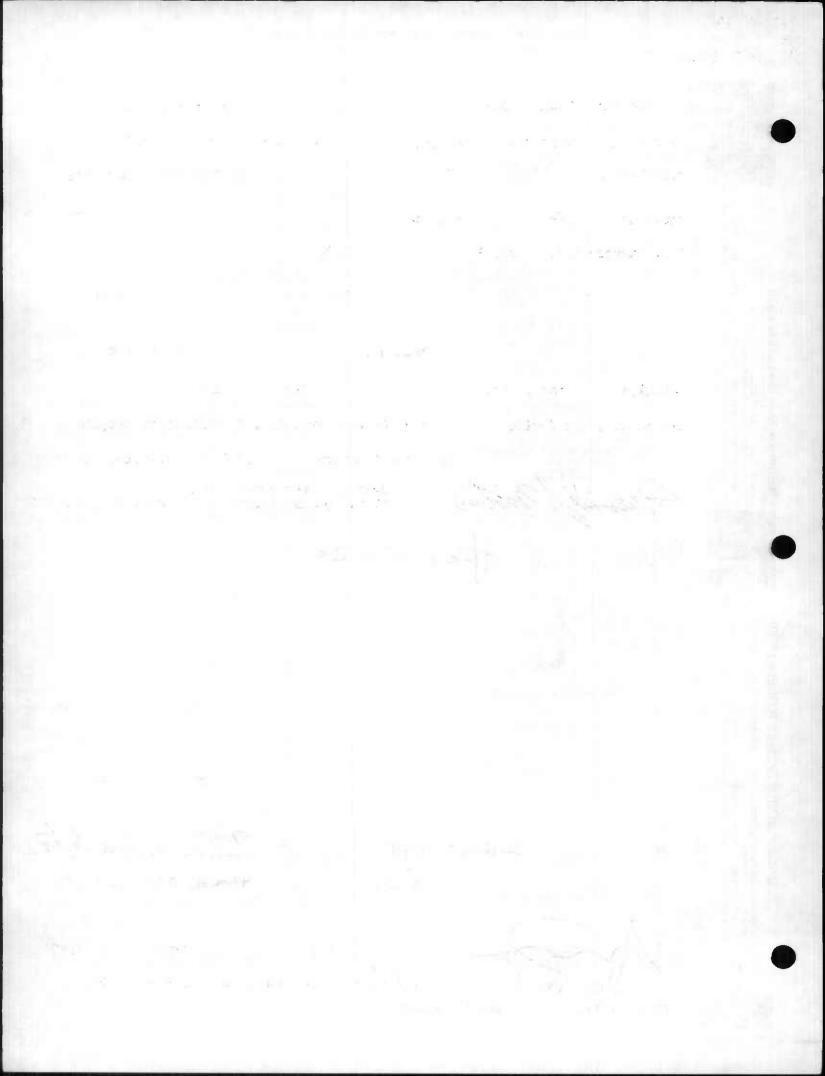
111 Penn Street, Baltimore, Maryland 21201 32. Registrar's Signature

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and menner stated.

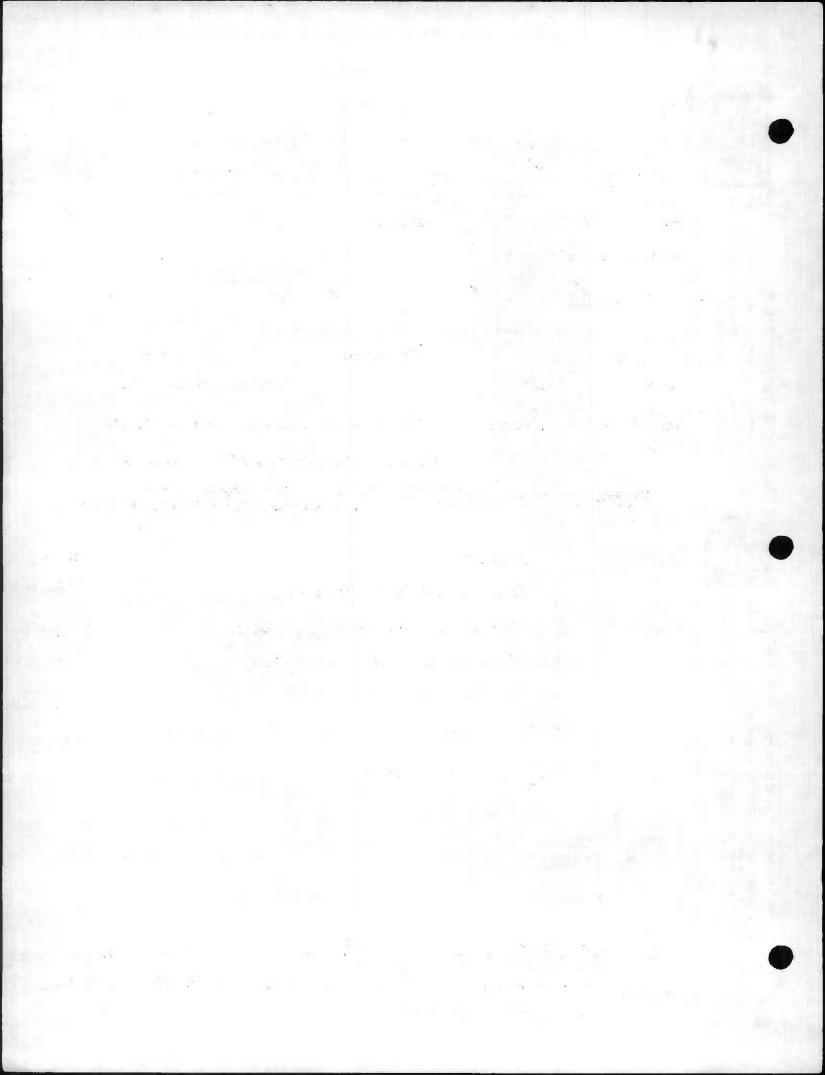
29c. License number

O.C.M.E.



State of Maryland / Department of Health and Mental Hygiene 2 05315

Physician /Medical Examiner Funeral Director Load and Informatic event, the Medical Examiner Funeral Director Load and Informatic event, the Medical Examiner Load and Informatic event	pecial Security No. 228–42–9 lel Residence of . State . Street end Num . Street end Num . Street end Num . Street end Num . Street end Num . Street end Num . Informent's Name . Informent's Name . Informent's Name . Informent's Name . Method of Disp 1	umber 6. 603 Decedent 10b. County The combard Section of the combar	Street 12. Wes Dece Armed For 1 12. Wes Dece Armed For Dece I 12. Wes Dece Armed For Dece I 13. Wes Dece Armed For Dece I 14. Wes Dece Armed For Dece I 15. Wes Dece Armed For Dece I 15. Wes Dece Armed For Dece I 15. Wes Dece I	mber) P N N 6 7. Age (In yrs. 65 10c. City B edent Ever In U, 10c. State 1-4or 5+) State Bel LLC CF	y, Town or Lo altimo S. 13. y 16e. Deced (Give life. I Gold Bool 19b. Meilir 2021 Plece of Dispo emerery, cren lamy M	If Under 1 Year Months Deys cation re 10f. Zip Code 21231 Vas Decedent of 1 Yes, specify Cut I Yes, spec	Hispenic Origin? (Special Min.) Hispenic Origin? (Special Min.) Hispenic Origin? (Special Min.) Hispenic Origin? (Special Min.) Specify: In the special Min. 18. Mother's Name Florence of the special Min. It and Number or Rure and Street In the special Min.	8. Date of Birth (Month, Day, 11/22/1 11/22/1 city Yes or No- Rican, etc.) (First, Middle, Market Hell (Route Number) Baltimo Dete 2/22 G aneral H	Dey 18 14. County 4c. County 932 Og. Citizen of V USA 14. Recursive Specify 16b. Kind of Bu Jewelry Meiden Sumam Len 7. City or Town, Ore Md. 20c. Location- Cloucest Iome	9. Birthplece (State or For Country) Virginia 10d. Inside City Lit 1	
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sele hes been signed by the ettendity page 2 should be detached for use Completed by Physician/						14:		24a. Wes e perlori	n eutopsy med?	24b. Were eutopsy findin available prior to completion of cause of deeth?	
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After this funeral diameter than: Ton: To	Menner of Deeth	5 Pending	28e. Date	of Injury th, Dey Year)	28b. Time of Injury	28c. Inju	ury et	28d. Describe ho	ow injury occur	red	
deeth.	2 Accident	Investigeti	ion			M 1	Yes 2□No				
	3 Sulcide 4 Homicide Could not be determined See Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 286. Location (Street end Number or Rurel Route No. City or Town, State)									per or Rurel Route Number,	
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/	Le	Xlu	o completed ceus	10	220\ /T				arruan	y 18,1999 n 106 Baltimore	



State of Maryland / Department of Health and Mental Hygien 6 | R Certificate of Death 2. Date of Deeth 3. Time of Death 1. Decedent's Name (First, Middle, Last) Margaret Catherine Bass **Physician** February 18, 1998 10:09 AM /Medical 4e Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner New Windsor Carroll Compassionate Care Inc. If Under 1 Yeer | If Under 24 Hrs. 5 Sociel Security Number 7. Age (In vrs. lest birthdev) 8. Date of Birth (Month, Dey, Year) Birthplace (State or Foreign Country) **Funeral** 10 M ZEXE Montha Days Hours Yrs. 410-09-3667 88 Aug. 18,1909 Pennsylvania Director Usuel Residence of Decedent Pages 1 end 2 should be filed within 72 hours after death with the Maryland nant of Health end Mental Hygiena. Int: If Itam 27 is marked other than "naturs!", or items 23s or 28=f show 10e State 10b. County 10c. City, Town or Location 10d, Inside City Limits r 28a-f show 1 ☐ Yes 2 No Maryland Carroll Westminister Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be 3503 Westview Road 21157 United States Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ② No If Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritel Status Black, White, etc. 1 Never Merried 2 Married Baitimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ White 3 ₩ Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Coltege (1-4or 5+) 6 Years Homemaker Own Home 18. Mother's Name (First, Middle, Melden Sumeme) 17. Fether's Neme (First, Middle, Last) Be Augustus LaBar Rebecca Mason 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 19e. Informent's Name/Relationship (Type, Print) Son David P. Bass, Jr. 3503 Westview Road Westminister, Maryland 21157 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c, Location - City or Town, State permit. Pages Department of Important: If it any injury or once. 1E Buriat 2 ☐ Cremetion 3 ☐ Removel from State Meadowridge Mem. Park 2/21/1998 Elkridge, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee 22. Name and Address of Fecility
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Physician /Medical immediate Cause (Finel disease or condition resulting in death) **Examiner** Examin Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest e to (or se e consequenca of): Division of Vital Records, P.O. Box 68760, elmer Physician/Medical Due to (or es a consequence of): signed by the a d be detached f Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown by 24b. Were eutopsy findings evallable prior to completion of cause of deeth? 24a. Wes en autopsy Completed page 2 s 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Be 1 Yes 2 No Other: 4 Nursing Home To 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA this funerel 27. Manner of Beath 28e. Dete of tnjury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Certification: After 5 Pending investigation 1 ☐ Yes 2 ☐ No death. **G**□ Accident aftar death Director: 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide hours a Funeral Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, and due to the cause(s) and menner es stated.

Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and menner stated. 29e. Certifier To the Hosp within 24 hos To the Fune completaly fi edical 29d. Dete signed (Month, Dey, Year) 29b. Signature and title of partifier 29c. License number

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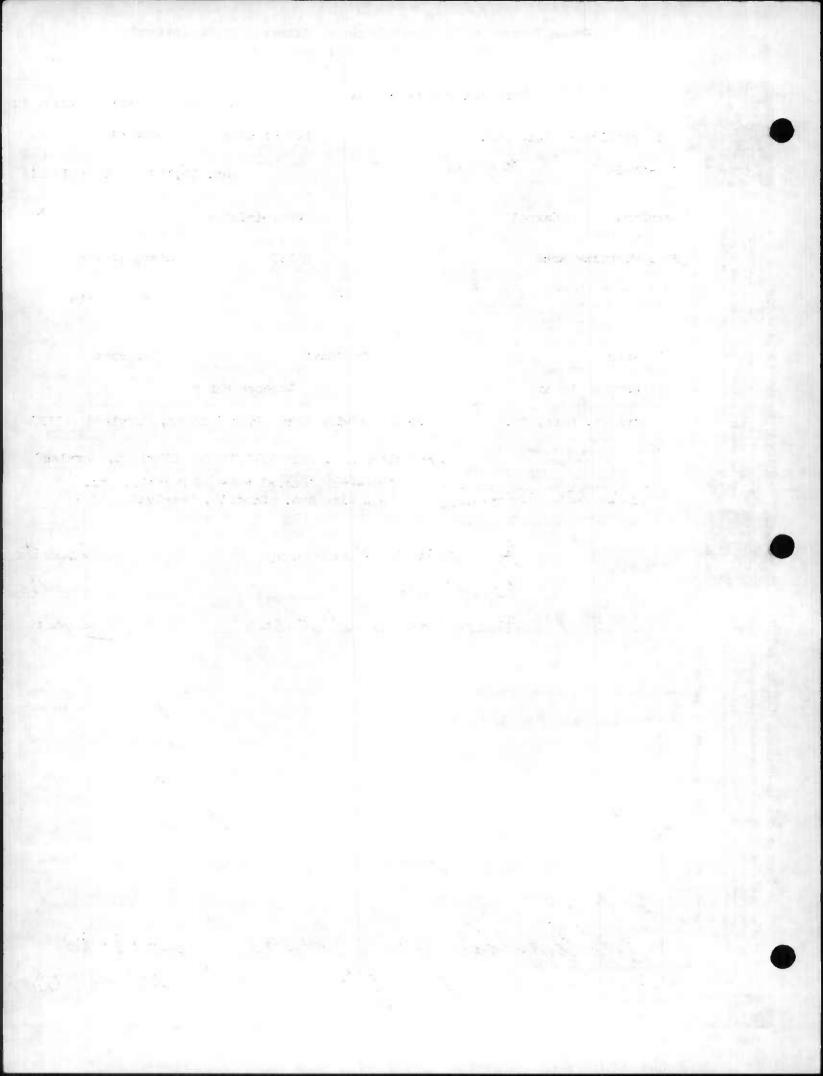
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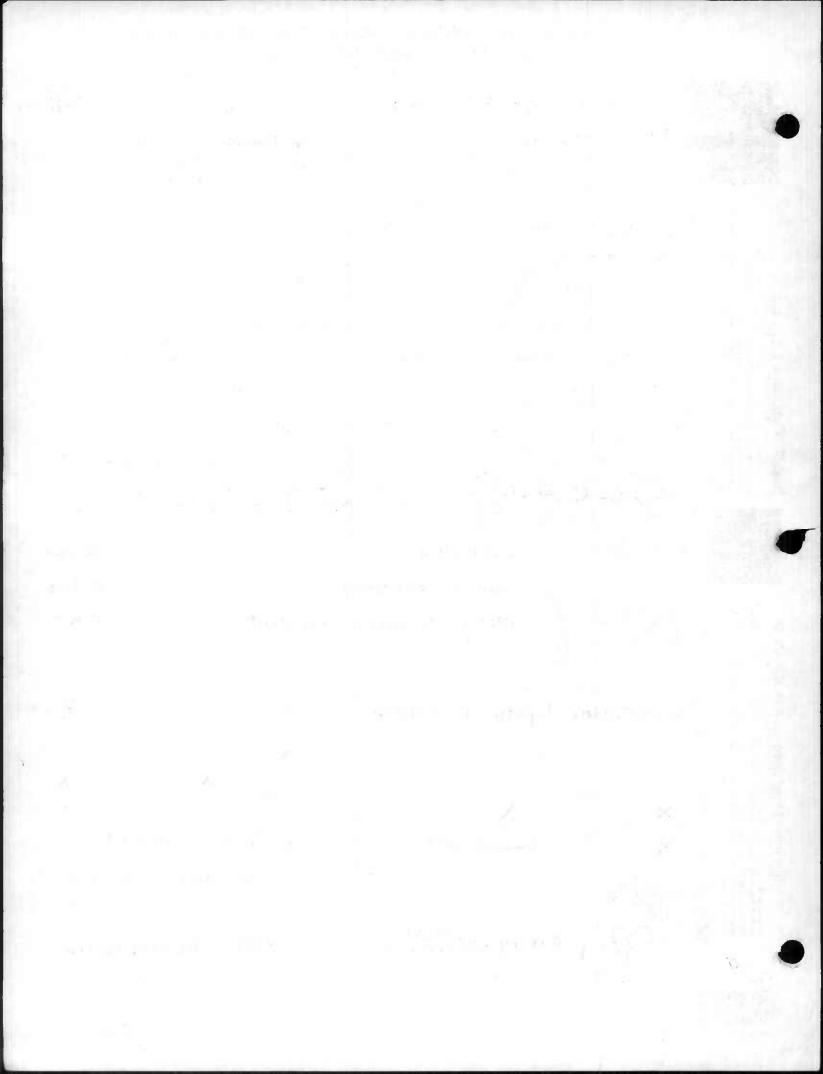
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28a. Data of Injury 28b. Tima of Injury Wor 1 28c. Injury Wor 1 28a. Placa of Injury - At home, farm, streat, fectory, office building, atc. (Specify) 6 Could not be datarmined 3 Suicida 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) Deer Park and Oakland R 4 Homicida Cartifying Physician: To the bast of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and manner stated. 29a. Cartifiar 29b. Signature and the of certifiar 29c. License number 29d. Date signed (Month, Dey, Yaar) HOUSE J. BENNY, MD/ OFFICER 30. Name end eddrass of person who completed cause of death (Itam 23a) (Type, Print) Jennifer Berry Sinai Hospital BALTIMORE MD 82 Registrar's Signature Fundam - Randass 31. Data flied (Month, Day, Year)

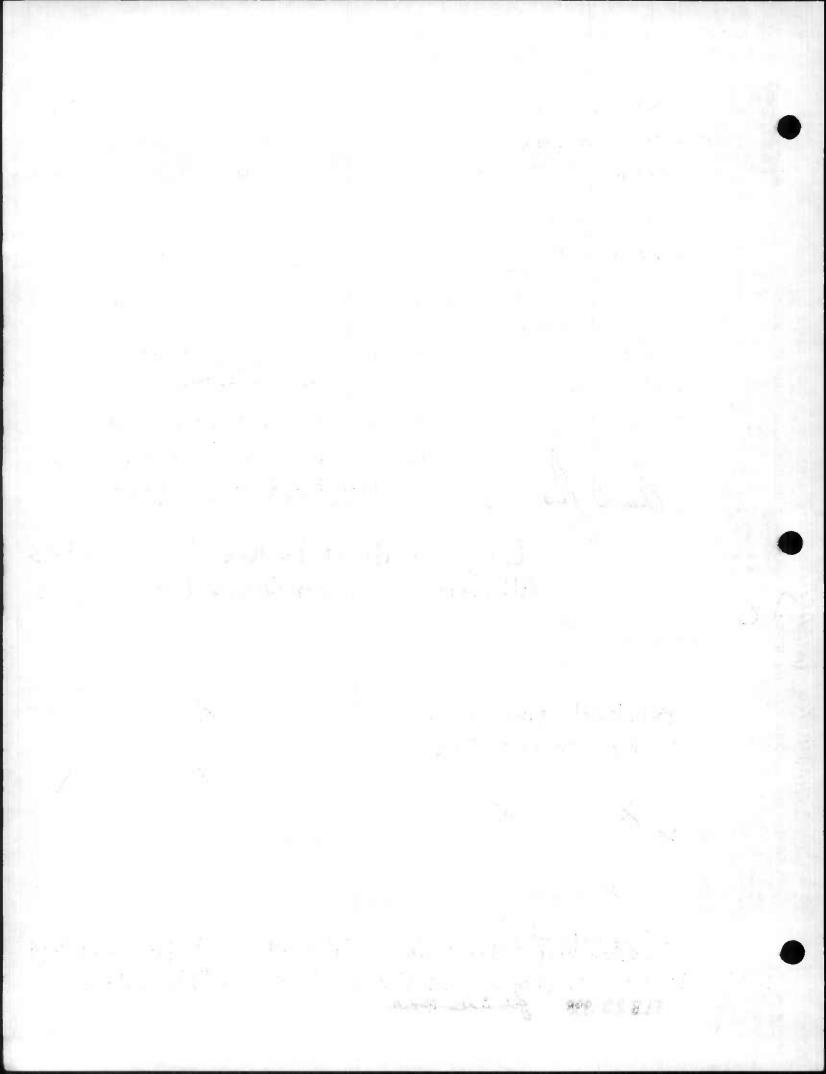


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Funeral Director		5. Social Security Number 6. S 411-48-3838	M	Aga (In yrs. I	ast birthday) Yrs.		ear tys		in. 8. Data of Month	Birth Day,	Year) 1924	9. Birthi Cou	place (State or Foreign http:// t.Vurginia
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re, Maryland 21215-0020 1 end 2 should be filed within 72 hours after death with the Maryland Health and Mentel thygiene. It is marked other than "natural", or items 23a or 28a-1 show other traumatic event, the Medical Examinar must be notified at		3807 A. Memory Lo	ine			10f. Zip Cod 210	09			l	g. Citizan of		
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Baltimore, Maryland 21215-0 pemit. Pages 1 end 2 should be filed within 72 ho Depertment of Health end Mentel Hygiene. Important: If Item 27 is marked other than "naturany injury or other traumatic event, the Medical page.		21. Signature of Funaral Service Log	1000		\$ 6	2. Name and Ad Chumune 10 W. M	dras R O.C	is of Facility Funeral Phail R	Home of	of E	Bel Ai Air.	r, In	.c. 1014
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D @ 80	dm	•								V		of	death?
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Div To the Hospital or v within 24 hours efter To the Funeral Dire completely filled in L		29a. Cartifiar Certifying Ph	ysician: To the be	est of my know	/ledge, deat	n occurred at the	a tim	a, date and pta	ace, end dua to	tha ca	usa(s) and m	annar as s	stated.
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Registrar



State of Maryland / Department of Health and Mental Hygiene 9

Certificate of Death 1. Decedent'a Name (First, Middle, Last) 2. Date of Death FEBRUARY 14, 1998 cation of Death 4c. Country of Death **Physician** Wanda M. Callender 1103 AM. /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City. Town, or Location of Death Examiner Fallston General Hospital Fallston Harford If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)

Jan. 31, 1915 5. Social Security Number If Under 1 Year 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1 M 2 □ KF Days 83 Yrs. Director 216-01-4687 Maryland Usual Residence of Decedan filed within 72 hours after death with the Marylend 10a State 10h County 10c. City, Town or Location 10d. inside City Limits man be notified at 1 Yas 2 No Director Maruland Baltimore Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4137 Glen Park Rd. 21236 Rema 12. Was Decadent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) Raca - American Indian, Black, Whita, etc. permit. Pages 1 and 2 should be flied within 72 hours after of Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Examples once. 1 Navar Married 2 Married 21215-0020 1 ☐ Yas 2 X No Specify: þ White 3 □ Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) Collaga (1-4or 5+) 8th grade Homemaker Own Home Baltimore, Maryland 17. Fathar's Name (First, Middla, Last) 18. Mother's Nama (First, Middle, Maidan Surname) Alexander Maselbas Mary Ann Skilonge 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Susan C. Morgan (daughter) 526 Potomac Ave., Baltimore, MD 20b. Placa of Disposition (Name of cemetary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition 1 X Buriai 2 ☐ Cremation 3 ☐ Ramovai from State Gardens of Faith Cem. 4 ☐ Donation 5 ☐ Other (Specify) 2/17/98 Baltimore, Maryland 22. Name and Address of Facility
Schimunek Funeral Homes, Inc. 21. Signatura of Funeral Service Licensee 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each lina. Approximate Interval Betw Onsat and Death **Physician** /Medical Immediate Causa (Final ACUTE MYOCARDIAL ENFARCTION disaase or condition rasulting in death) **Examiner** THERO SCIENOTIC CARDIO VASCULAR

Due to (or as a consequence of): Sequentially list conditions, if any, leading to Immadiate causa. Entar Underlying Cause (Disease or injury that initiated events resulting in daath) Last CARDIAL DN FARCTIONS
Dua to (or as a consequence of): Physician/Medical HOUNIC CONGESTIVE HEART FAILURE AND ACUTE CARDIOGENIC SHOCK Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Ninknown DEBILITATION 24b. Wara autopsy findings available prior to complation of cause of death? Be Completed 24a. Was an autopsy performed? After this certificate has 1 Yas 2 No Attending Physician: 25. Was case rafarrad to medical 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residance 6 Other (Specify) Lo 1 Yes 2 No 1 ER/Outpatient 3 DOA filled in by the funeral 27. Manner of Beath Medical Certification: 28b. Time of 28d. Describe how injury occurred 5 Pending Investigation Natural 1 Yas 2 No 2 Accident after death 3 Suicida 6 Could not be 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital o within 24 hours af To the Funeral Di completely filled is 29a. Cartifias Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

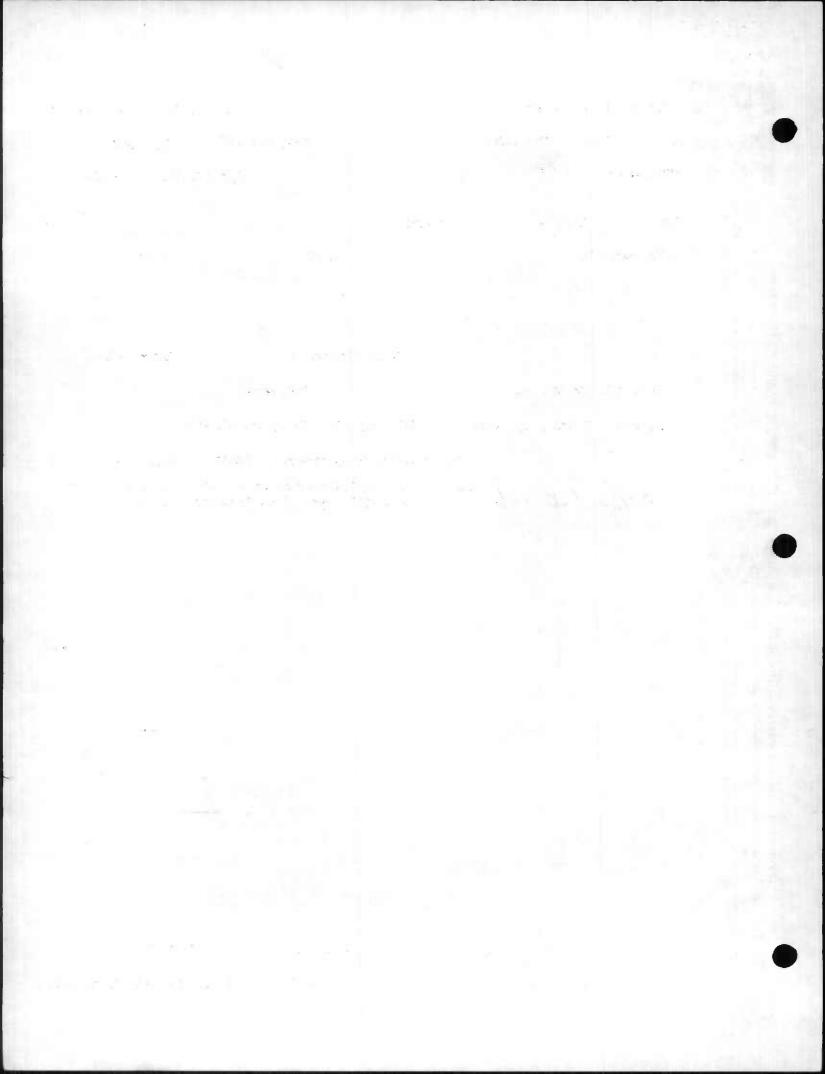
Madical Examiner: On the basts of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Yago) 98 PEBRUARY 14, 1798 29b. Signature and title of cartifiar 200 MILTON AVENUE 30. Name and address of person who completed cause of daath (Item 23a) (Type, Print) FALLSOON GENERAL HOSPITAL FALLSOON, MARYLAND 33 Registrar's Signature 31. Date filed (Month, Day, Year) FEB 23 199 State Registrar

Marie Harris Harris Company

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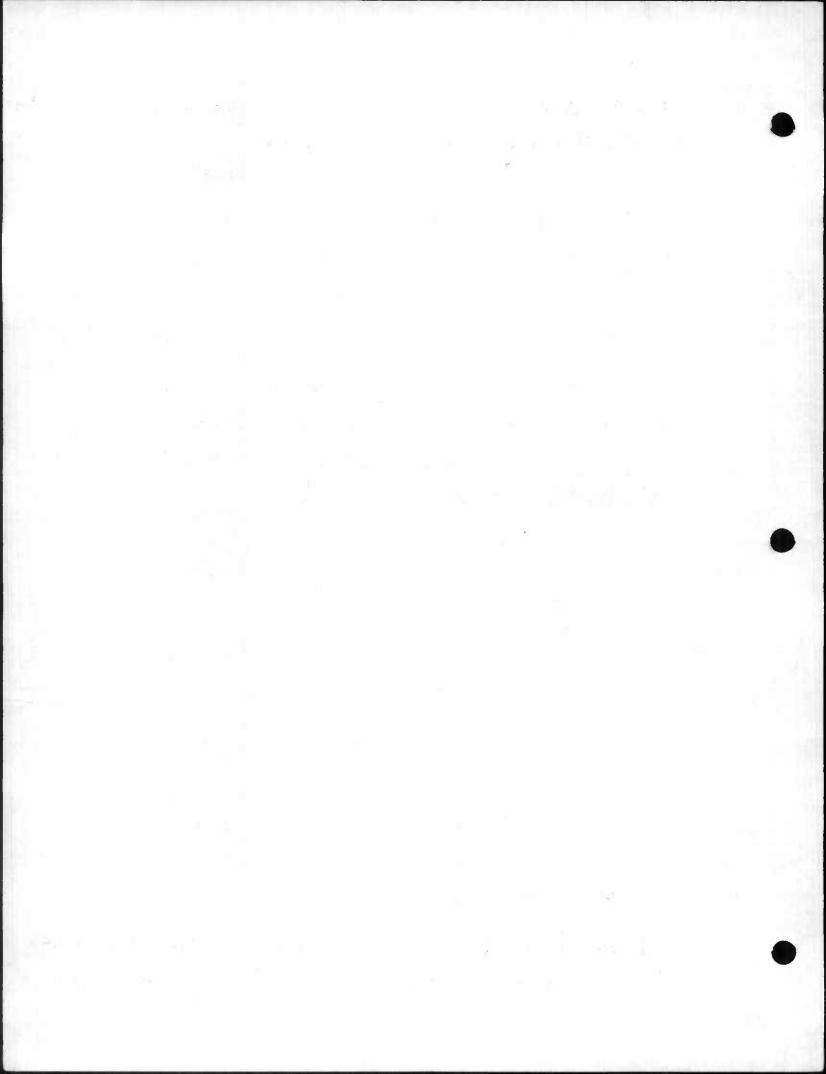
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Funeral Director					ex 7. Age (In yrs. lest birthday) If Under 1 Year Months Days				Hours	Min.	Apr. 22	ay, Year)			
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heme 23 her must	11. 8	Meritel Stetus		12. Was	s Deceden	edent Ever in U,S. 13. Wes Decedent of Hispanic Origin? (If Yes, specify Cuben, Mexican, Pue				igin? (Sp	ecify Yes or No Rican, etc.))- 14. F	Race - Amer Black, White	rican Indian, e. etc.	
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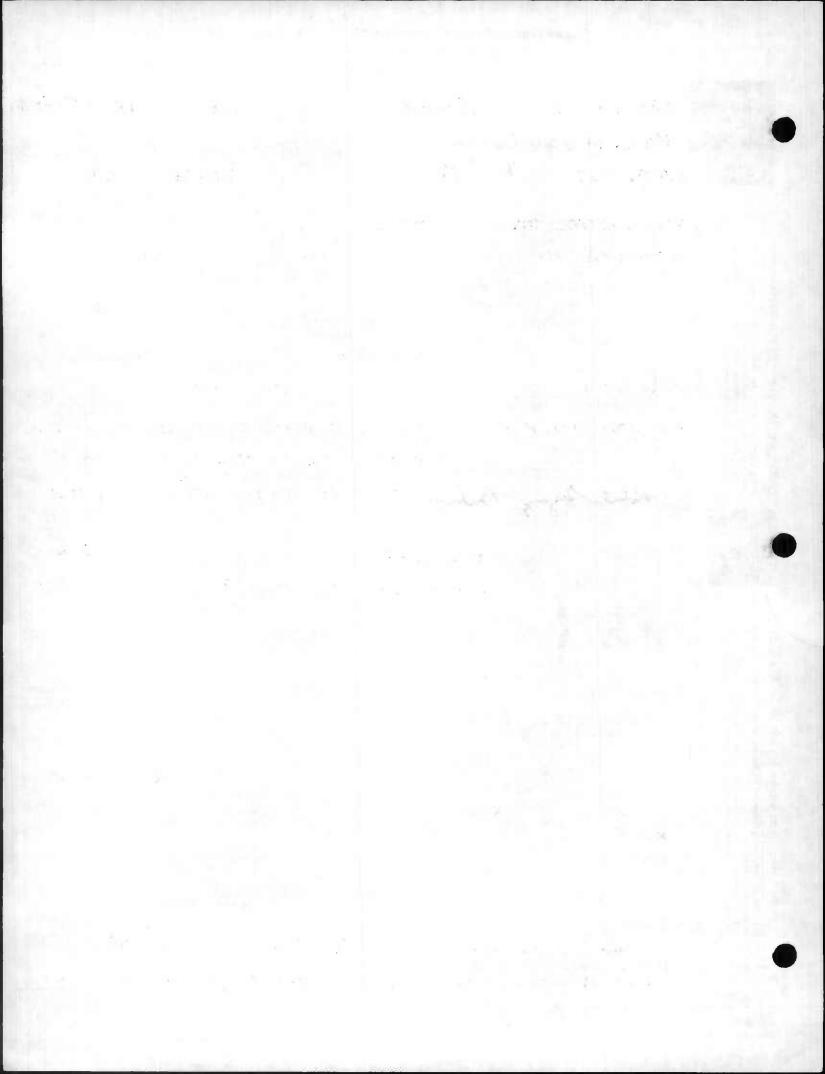


State of Maryland / Department of Health and Mental Hygiene 9 8

			Certificate of Death		g. No.	13321
	50th	1	1. Decedent's Neme (First, Middle, Last)	2. Dete of Deeth Month		3. Time of Death
	Physici /Medi		LULA Clank	Februa	ry 20 th 1998	5:40 Am
	Examir		4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or I	ocation of Deeth	4c. County of Deeth	
1			Liberty Medical Center Baltin 5. Social Security Number 6. Sax 7. Ang (n vrs. last hirthday) If Under 1 Year If Under 24 Hrs.	nore	NA	
L	Funeral Director		5. Sociel Sacurity Number 6. Sax 1 M 2 F 7. Age (In yrs. lest birthdey) ff Under 1 Year If Under 24 Hrs. Months Days Hours Min. Usuel Residence of Decedant	(Month, Dey,)	Year) 9. Birth Con	plece (State or Foreign intry) Md
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	r 28a-f show	ctor	Md NA Baltimore			1 Yes 2□ No
	th with the 23e or 28	Funeral Director	10e. Street and Number 2807 Rosalyn Avenue 21216	10	g. Citizen of Whet Co.	intry?
21215-0020	or items	by	11. Marital Status 12. Was Decedent Ever in U,S. Armed Forcas? 1 Navar Marriad 2 Merried 3 Widowed 4 Divorced 12. Was Decedent Ever in U,S. Armed Forcas? 1 Yes 2 No If Yes, Specify Cuban, Mexican, Puarte 1 Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No If Yes 2 No Specify:	pecify Yes or No- o Rican, atc.)	14. Rece - Amer Bleck, White Specify: B	
5-0	72 hours "natural".	Completed	15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of work dona	kina 16	6b. Kind of Business/I	ndustry
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	filed with Hygiene. Ither there	S	17. Fether's Name (First, Middle, Last) 18. Mother's Nen	ne (First, Middle, Me	tealth [) epartiner
Maryland	d 2 should be filed th end Mental Hygi 7 Is marked other traumatic event, II	9 Be	Paul Hudson Mildred	P P 1	0.10	
37	2 should end Me le mark aumatic	To	19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Ru	re/Routa Number.	City or Town, State, Z	in Code)
	nd 2 sith eath 27 is 27 is		Craig Hudson- Son 1560 Kirkwood	Baltimo		21207
e,	m - = 0		20e. Method of Disposition 20b. Place of Disposition (Name of		Oc. Location - City or 1	
E	Pega nt: If		I Di ounei 2 Li Cremation 3 Li Removei from State	2-26-98 4	Inbutus M	d
Baltimore,	permit. Pegas Department of Important: If i any injury or once.		21. Signature of Funerel Service Licensee 22. Nama and Address of Fecility Warrin T. H. West	-	Balton	0 212.5
	_		23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac shock, or heart feilure. List only one cause on each line.	Avenue or respiretory erres		Approximata
	Physician /Medicai Examiner	2	Immediate Cause (Final disease or condition			Intarvel Batween Onset and Death
	CAMINICI	_	resulting in deeth) Due to (or as e gonsequanca of):		1	
	nsit	Examiner	metabolic acidoso		1	
te	be executed ician and burial-transit	Exai	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events C. Due to (or as a consequence of):		i 1	
68760,	cate be e	cal	cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Lext Due to (or es e consequence of):			
Box 68	5 0 6	n/Medical	acute Cerebal vascula acu	ident		
	death	sicia	Pert II. Other algorificant conditions contributing to deeth but not resulting in the underlying causa given in Part I.	23b. Did tob	acco use contribute	to the cause of death?
, P.O	as thet tha death cer igned by the attandin be detached for use	by Physician/				obably 14 Unknown
Division of Vital Records,	aw requiras s been sig 2 should b	Completed b	Rhabdonyolyin	24a. Wes en performe	ed? a	Vere autopsy findings valieble prior to ompletion of cause f death?
æ	The law ate has b pege 2 s	E		1 ☐ Yes	- 60 No 1	□ Yes W No
/ita		Be	25. Was case referred to medical exeminer? 28. Placa of Dea	th (Check only one))	
of \	Physician: this certific ral director,	2	1 ☐ Yes 2 No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 ☐ Nursing H	ome 5 Residen	ce 8 Other (Spec	ify)
Ľ.	Ing P	on:	27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of tnjury 28c. Injury et Work?	28d. Describe how	v Injury occurred	
visio	or Attending P safter deeth. Director: After d in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined 4 Homicida 28e. Place of Injury - At homa, farm, streat, factory, office building atc. (Specify)	28f. Location (Stre	eet end Number or Ru	ral Route Number,
Ö	s after sal Direction	Cen	building, etc. (Specify)	City or Town,	Siaia)	
	To the Hospital or Attending F within 24 hours after deeth. To the Funeral Director: After completely filled in by the funer	edicai	29e. Cartifier (Check only one) Check only one) Cartifying Physician: To the best of my knowledga, daath occurred et tha tima, data and place on the basis of examinetion end/or investigation, in my opinion, daath occurred et tha tima, data and place of my knowledga, daath occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurred et tha tima, data and place occurr	, and due to tha ceu rrad et the tima, det	use(s) end manner as e end place, and due	steted. to the cause(s)
	To the within 2 To the comple	Me	29b. Signeture end title of certifier, 29c. Licansa number	290	d. Data signed (Month	, Dey, Year)
			I denomo de dantino 037 aos	3 /	chuona 20	th 1998
	20)		20 None and address of a second state of the s	. 0	1	
	0		Terance L. LAMBIND diberty medical cent	m /13a	lamore	th 1998 Md alais
	Sta Registr		31. Pato (Hed Manth Pany Gar) Julia 32 Beginners Sydennesse			



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month **Physician** 05:48 AM SANDRA CLARK 98 oa 17 /Medical 4a Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner CENTER MERCY MEDICAL BALTTMORE
r If Under 24 Ars. If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 8. Date of Birth (Month, Day, Yeer) 9. Birthplace (Stete or Foreign Country) **Funeral** 1 M 2 F Months Deys Hours 49 214-56-1227 Usuel Residence of Decedent Yrs 7/13/48 **Director** MA the Marylend 10e, Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits show r 28a-f show 1 ☐ Yes 2 No Director MARYLAND HOWARD ELLICOTT CITY 10f. Zip Code 10g. Citizen of What Country? 10e. Street end Number filed within 72 hours efter death with 7 is marked other than "natural", or itema 23a or traumatic event, the Medical Examiner must be a 3818 WALT MILL COURT 21042 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, spacify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, 11. Maritei Status Bleck, White, etc. 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ▼No Specify by 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) Coilege (1-4or 5+) Hygiene. BRANCH MANAGER BANKING 18. Mother's Name (First, Middle, Malden Sumeme) 17. Fether's Neme (First, Middle, Last) Peges 1 and 2 should be facilities of Health and Mentel Pint: If Itam 27 is marked of JOSEPH K. COX To WINIFRED EIDMAN 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stele, Zip Code) other t FRANK BONAVENTURE, JR., HUSBAND 3818 WALT MILL COURT, ELLICOTT CITY, MARYLAND 21042 Place of Disposition (Neme or cemetery, cremetory or other place) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Peges Department of Important: If it any injury or o MEDOWRIDGE MEMORIAL PARK 2/20/98 ELRIDGE, MARYLAND 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility WITZKE FUNERAL HOMES, INC. 1630 EDMONDSON AVENUE, CATONSVILLE, MD 21228 23a. Part1. Enter the disease, or coordinate on the course of the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one course on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finei days PNEUMONIA disease or condition resulting in death) Examiner Due to (or as e consequence of): Examiner LUNG CANCER year SQUAMOUS CELL Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (or es a consequence of) Records, P.O. Box 68760 physician Physician/Medical the Due to (or as e consequence of): Se 980 ed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yee 2 No 3 Probably 4 Unknown by Sign P 24b. Were eutopsy findings evallable prior to completion of ceuse of deeth? Completed 24a. Was en eutopsy performed? pege 2 1 Yes 2 No 1 ☐ Yes 2 No certificate Division of Vital or Attending Physician: director. 25. Was cese referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1. Inpatient 20 1 ☐ Yes 2 No 2 ER/Outpetient 3 DOA this 28e. Date of Injury (Month, Dey Year) funeral 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: After Injury 1 Neturel 5 Pending efter deeth. Director: Aft 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 Homicide 24 hours Hospitai 29a. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piace, end due to the ceuse(s) and menner as stated. edical To the Hosp within 24 ho To the Fune completely fi 2 Medical Examinar: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date end piece, and due to the cause(s) and manner stated. 29c. License number 29b. Signature end title of certifier 29d. Date signed (Month, Dev. Year) M.L. 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 22 S. CREENE ST. BALTIMORE, CURTIN, M.D. , UMMS , 21201 M. 32 Registrary Signature
Julia Davidson Randall 31. Date filed (Month, Day, Year) State FEB 2 3 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene | Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Date of Death 3. Tima of Deeth **Physician** EVELYN MAE CROOKS 1020 PM FEBRUARY 19 1998 /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** BALTIMORE atows withe mmows Catonsville If Undar 1 Yaar If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** Months Days 1 □ M 2 🖾 F Yrs. Director 219-30-8788 91 Nov.12, 1906 Maryland Usual Rasidence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Yas 2□No Director N/A Maryland Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizen of What Country? 4108 Pinkney Road 21215 U.S.A. Funera 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Yes 2 ☑ No If Yes, Giva Year or Datas: 1 Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 21K No Spacify: Specify: by 3 Widowad 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Decedent's Education (Specify only highest greda complated) 16b. Kind of Business/Industry oe filed within 7 al Hygiana. MD General Hospital Elamentery/Secondary (0-12) Collega (1-4or 5+) R.N. & Physical Therapist 12 Years and Self Employed permit. Pagas 1 and 2 should be file Department of Haalth and Mantal Hy Important: If Item 27 Ie marked othe any Injury or other traumatic event 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 Nimrod M. Crooks Maggie Estelle Smith 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Mrs. Evelyn Greasley 5818 Hunt Club Road Elkridge, MD 21075 20b. Placa of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ⊠ Burial 2 □ Cremetion 3 □ Ramoval from Stata Druid Ridge Cemetery 2/23 Pikesville, Maryland 4 ☐ Donetion 5 ☐ Other (Spacify) 21. Signature of Funerel Sarvice Licensae 22. Nama and Address of Fecility Loring Byers Funeral Directors, Inc. Mely 8728 Liberty Road Randallstown, MD 21133 23a. Pert1. Entar the disease, or complications to shock, or heart failura. List only one ceusa or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrast, ist only one cause on each line. Physician /Medical Immediate Ceusa (Final disaasa or condition rasulting in daath) OTIC CARDIO VASCULAR DISORSE Examiner Dua to (or as a consequence of): by Physician/Medical Examiner Sequantially list conditions, if any, laading to immedieta ceusa. Entar Undarlying Causa (Disease or Injury that initiated avants rasulting in daath) Last Bnd Dua to (or as a consequence of): Box 68760 Dua to (or as e consequança of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? FRACTURE, RIGHT Hig 1 Yes 20 No 3 Probably 4 Unknown Completed 24a. Was en eutopsy 24b. Wara autopsy findings pean aveilable prior to complation of ceusa of death? paga 2 cartificata 1 Yas 2 EN6 1 ☐ Yas 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

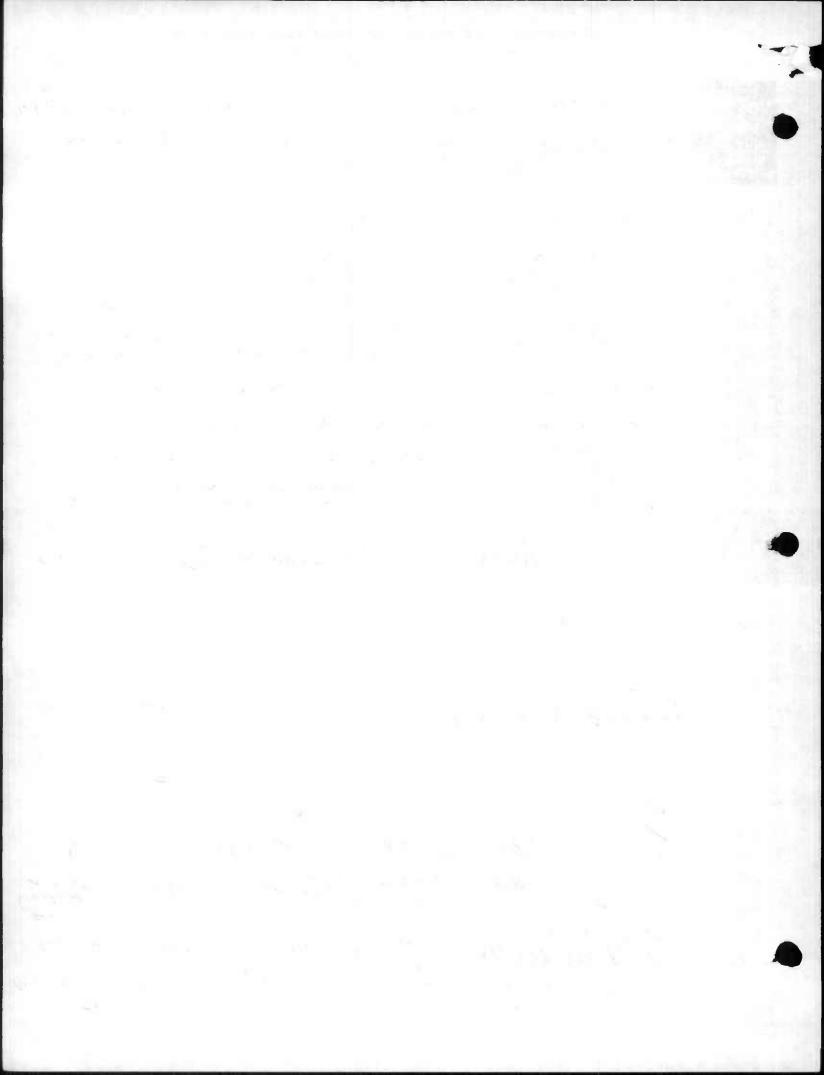
To the Funeral Director: After this certifica complatally filled in by the funeral director, Be 28. Place of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 ☐ Rasidence 8 ☐ Othar (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 1 Naturel 5 Panding Panding Invastigation
6 Could not be detarmined

28a. Place of Injury - Arhoma, farm, streat, factory, office building, letc. (Spacify)

(CATO NST, U.E.)

1 Certifying Physician: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. In Course and manner stated. 2 Accidant 3 Sulcide 4 Homicida 29a. Cartifian Medical 29b. 9 29c. Licensa number 29d. Date signad (Month, Day, Year) m 2387 (Type, Print) Redorick Rd CATONSVILLE MARYLAND 405 SDOVA 32. Ragistrar's Signatura State whia Jurdson-Randson Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** HYUNG ChunKim 4b. City, Town, or Location of Deeth 4c. C 2:33 Pin 1998 /Medical 4a. Facility Name (If not Institution, give street end number) 4c. County of Deeth **Examiner** Northwest Hospital Center Randallstown Baltimore if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthdey) If Under 1 Year 5. Social Security Number 6. Sex Birthpiace (State or Foreign Country) **Funeral** 1⊠M 2□ F Days Yrs. Director 422-88-4176 60 May 8, 1937 China Usual Residence of Decedent deeth with the Maryland 10a. State 10h. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Carrol1 Marriottsville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 2413 Walden Way 21104 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other train "natural", or iten any Injury or other traumatic event, it a Medical Examina-1 Never Married 25t Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Korean 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Years 5 + Physician Springfield Hospital 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Ki Kwon Kim Pi1 Yon Park 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Song Gi Kim 2413 Walden Way Marriottsville, Maryland 21104 20b. Place of Disposition (Name of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 Surial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Lake View Memorial Park | 2/24 Sykesville, Maryland 21. Signature of Fineral Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. ensing 8728 Liberty Road Randallstown, MD 21133 Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medicai Acute myocardial Immediate Cause (Final disease or condition resulting in death) Examiner hysician and the bunal transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of): Physician/Medical Due to (or as a consequence of): signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? encephalopathy 1 Yss 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to Completed 24a. Wes en eutopsy performed? completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No certificate 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident

Records, P.O. Box 68760. Division of Vital To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral

Ellis Mez 31. Date filed (Month, Dey, Yeer) FEB 2 3 1998 State Registrar

3 ☐ Suicide

29a. Certifier (Check only one)

4 Homicide

29b. Signeture end title of certifier

6 Could not be determined

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) 1645 MD 32. Registrar's Signature what Davidson-Handall

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

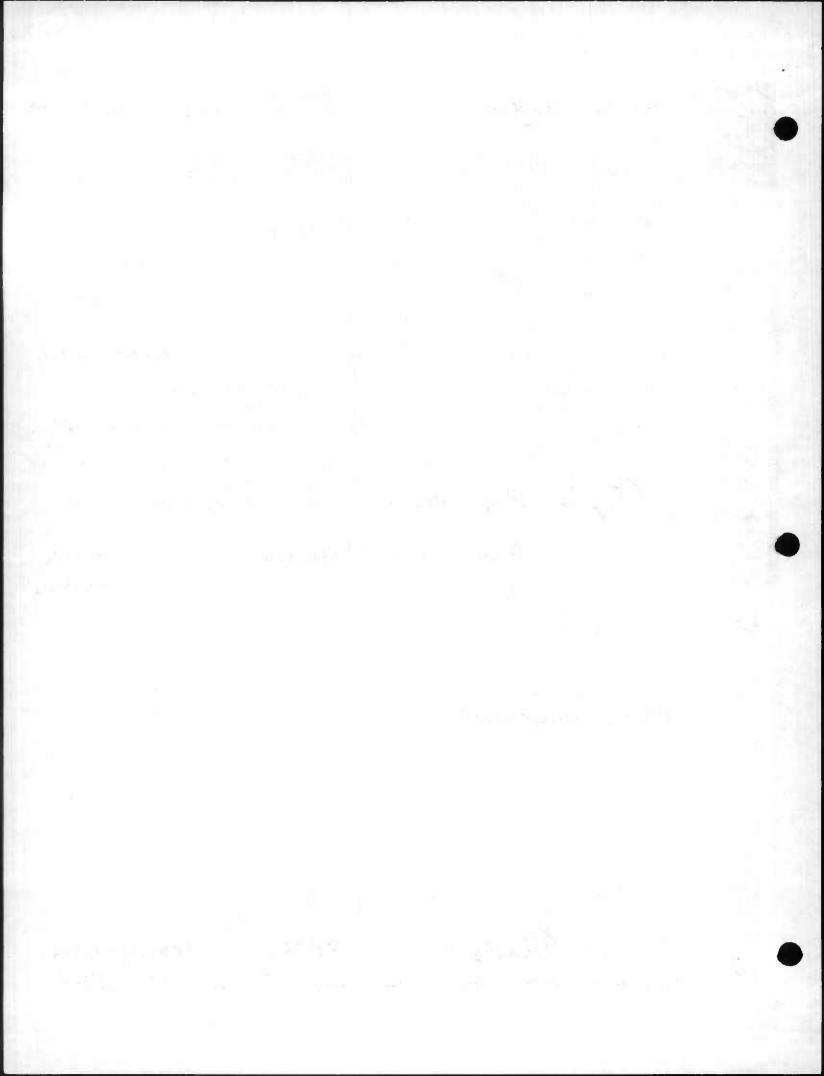
1 Certifying Phyalclan: To the best of my knowledge, deeth occurred at the time, date and piace, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, end due to the cause(s) and manner stated.

29c. License number

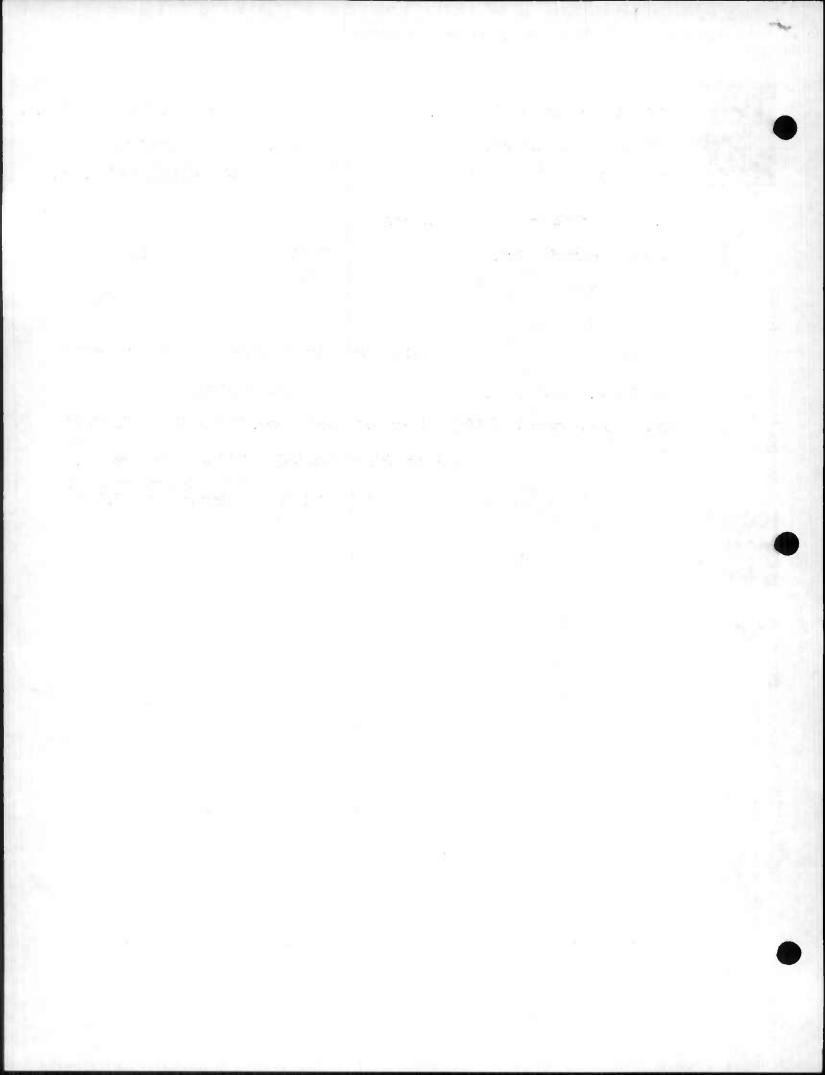
28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Year)



State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death 3 Time of Deeth 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month **Physician** Fevruary 15,1998 9:15 P.M. CHARLES RAYMOND CONNELLY JR. /Medical 4h City Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner 11516 Greenspring Ave Lutherville Baltimore If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) July 30,1921 9. Birthplece (Stete or Foreign Country)
Balto. Md. 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Deys Hours 1√2 M 2□ F Yrs 76 Director 212-12-4747 Lisuel Residence of Decedent with the Maryland 10a. State 10c. City, Town or Location 10d. Inside City Limits 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 Yes 2 No Director Md. Baltimore Lutherville 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21093 11516 Greenspring Ave. USA permit. Pages 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a pages. 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11, Marital Stetus 1 ☐ Yes 2 👿 No If Yes, Give Yeer or Detes: 1 Never Merried Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: White ģ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16h Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Self employed truck driver Transportation 8 grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Marie Mansfield Charles R. Connelly Sr 19e. Informent's Neme/Reletionship (Type, Pnint) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) Mrs. Lisa A. Connelly (Wife) 11516 Greenspring Ave. Lutherville, Md. 21093 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete Buriel 2 Cremetion 3 Removel from Stete
Donetion 5 Other (Specify) Dulaney Valley Memorial 2/18/98 Timonium, Md. of Funeral Service Licensee 22. Neme end Address of Fecility 11824 Reisterstown Rd. any ELINE FUNERAL HOME Reisterstown, Md.21136 Cone 23a Part . Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiec or respiretory errest, nock, or heart feiture. List only one ceuse on each line. Onset end Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Due to (or as e consequence of) Physician/Medical Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury thet Initieted events resulting in deeth) Lest Due to (or es e consequence of) Division of Vital Records, P.O. Box 68760. Due to (or es e consequence of) 2 a signed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other stanificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed page 2 s hes 1 ☐ Yes 2 ☐ No certificate 1 Yes 2 HNO Be 25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Desidence 8 Other (Specify) P 1 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 J-No After this 28e. Date of Injury (Month, Dey Year) uneral 28d. Describe how injury occurred 27. Menner of Deeth 28b. Time of Certification: 28c. Injury et Work? 5 Pending 1 Neturel s after death. 1 ☐ Yes 2 ☐ No Investigation 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) filled in by 4 Homlcide Hospital 24 hours edical 29a. Certifie 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner steted. (Check only one) within 2 29b. Signeture end title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) 1,6164 リンノノトマ 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) U Reistenton 21131 70 55 MD 31. Dete filed (Month, Day, Year) Mandale State FEB 2 3 1998 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death 930 Month 160 FE 20 4e. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Death Good Samaritan Hospital Baltimore N/A If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 6. Sex 1⊠ M 2□ F 5. Social Security Number Birthplace (State or Foreign Country) 7. Age (In yrs. lest birthday) Months 79 Yrs. 218-05-1246 Mississippi Usual Residence of Decedent 10a. State 10h County 10c. City, Town or Location 10d. Inside City Limits Maryland Harford Edgewood 1 ☐ Yes 2 X No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1319 Charlestown Drive 21040 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 Ø Yes 2 □ No If Yes, Give Yeer or Dates: 1946-51 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: White 3 X Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Longshoreman 6th grade Shipping Industry 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Frank Izdebski Sophie Okouski 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Janice Pinckney (Daughter) 1319 Charlestown Drive, Edgewood, MD. 21040 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 2/23/98 Baltimore, Maryland 22. Nome and Address of Fecility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 21014 21. Signeture of Funeral Service Ucensee two Perf. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only also cause on each line. Immediate Ceuse (Finel Pueimoniae disease or condition resulting in deeth) Due to (or es a consequence of) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es e consequence of): Due to (or as e consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 X Yes 2 No 3 Probably 4 Unknown DEMENTIA 24b. Were autopsy findings avelleble prior to completion of cause of death? PARKINSONISH 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No 1 Yes 2 No 25. Wes case referred to medicel 26. Plece of Deeth (Check only one) 1 Yes 2 No

ettending physician for use as the buris

Box 68760.

Division of Vital Records, P.O.

Physician /Medicai

Examiner

Physician

/Medical

Examiner

Director

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28a-f show traumstic event, the Madical Examiner main be notified at

permit. Peges 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23, any injury or other traumatic event, Ira Medical Examiner manal.

Baltimore, Maryland 21215-0020

the Maryland

Examiner Physician/Medicai þ Completed Be 2 Certification:

Medical

27. Manner of Deeth

1 Natural

2 Accident

3 Suicide

29a. Certifier

4 - Homicide

(Check only one)

After this certificate Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifica

within 24 hours e To the Funeral D

State Registrar

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 XInpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Cartifying Phyeician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.

| Madical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature end title of cert 29c. License number MD.

3/4 30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print) P-11389 FEB/20

200 HBI 6935 DONACHIE # G Baltimore-10 21239

32 Registrer's Signature in Devida

A DESCRIPTION OF THE STREET, SECTION OF THE S

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3 Time of Death Month **Physician** 17, 1998 Feb. 10:00 a.m. Tu-Quyen /Medicai 4e. Fecility Neme (If not institution, give street and number) 4b, City, Town, or Location of Death 4c. County of Deeth Examiner 2605 Long Meadow Drive Harford Abingdon 8. Date of Birth Sept. 6, 1911 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign Country)
N. Vietnam 7. Age (In yrs. last birthday) **Funeral** Min. 1□M 2XF Months Days Hours 218-02-5200 86 Yrs. Director Usual Residence of Decedent 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show Examiner name be notified at 1 Yes 2 No Maryland Harford Abingdon Director 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code ö 2605 Long Meadow Drive 21009 China or items 23s Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: þ 3 ☐ Widowed 4 ₺ Divorced Chinese "natural', Completed Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) event, the Medical 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health and Mentel Hygiene. nt: If Item 27 Is marked other than ' Etementery/Secondery (0-12) College (1-4or 5+) Homemaker 12th grade Own Home. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Chet-Sam Dam Chu-Shih Dam 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2605 Long Meadow Drive, Abingdon, MD. 21009 Lo-An Fine (Daughter) 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 🛛 Cremetion 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. 4 ☐ Donation 5 ☐ Other (Specify) 2/18/98 Towson, Maryland Hilltop Service 22. Name and Address of Facility
Schimunek Funeral Home of Bel Air, Inc. 21. Signature of Funeral Service Licensee 610 W. MacPhail Road, Bel Air, MD. 21014 23a. Pentl. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervat Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical End stage lung disease years Examiner Due to (or es e consequenca of): Examiner Chronic congestive heart failure months Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): 68760, Chronic atrial fibrillation months Physician/Medical Due to (or es a consequence of): 4 88 ettending p Box (signed by the Part II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I, P.O. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, Completed by 24b. Were eutopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? pege 2 1□ Yes 2No 1 Yes 2 No Division of Vital funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 20 No Hospitat: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Nesidenca 6 Other (Specify) Certification: To 1 ☐ Yes this 27. Manner of Death 1 Netural 28b. Time of 28d. Describe how injury occurred 28e, Date of Injury (Month, Day Year) 28c. Injury et Work? or Attending P After 5 Pending Investigation 1 Yes 2 No 2 Accident Director: / 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital within 24 hours a To the Funeral D completely filled Certifying Phyalcien: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceuse(s) end manner es steted.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated. 29a. Certifier Medical 29b. Signature and title of pertifler 29c. License number 29d. Date signed (Month, Dey, Year) February 17, 1998 D18779 Our, Me 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) S.C.Sun M.D. 1800 Harford Road, Fallston, MD. 21047 Albert.

Registrar

en bris - encodo na amine a culti superfermações de como no esperante en el canada, i passada esta amba los proposas estas en montraste forma en competiblo en professora.

John Saidner for both

8 9 8 8 3

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth DINKINS **Physician** GEORGIA, 4b. City, Town, or Location of Deeth | 14c. County of Deeth bns /Medical 4a. Fecility Name (If not institution, give street and number) 2600 25014 Height Examiner Liberty Madical Center. BALTIMORE, MD Hundar 24 Hrs. 8. Deta of Birth Month, Day 21215 5. Sociel Security Number 6. Sex 7. Aga (In yrs. lest birthday) **Funeral** 220-20-518 1 □ M 2 X F Deys Director Usuel Residence of Decedent deeth with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits ir than "natural", or items 23s or 28s-f ahov the Medical Examiner must be notified at Maryland 1 Yes 2 No **Funeral Director** IMORR 10e. Street end Number 10f. Zip Code 10g. Citizan of What Country? 22 12. Was Decedent Evar In U.S. Armed Forcas?

1 Yes 2 No If Yes, Give 11. Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Rece - American Indian. Bleck, Whita, etc. permit. Peges 1 and 2 should be filed within 72 hours efter obspertment of Heelth and Mentel Hyglene. If them 27 is marked other than "natural", or its 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: Appeily: Can þ 3 ₩ Widowed 4 Divorced American Yaar or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) 17. Fether's Nema (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be Gree 2 9.6 PPI 19e. Informent's Nemer Relationship (Type, Print) (SOC) worker) 19b. Melling Addrass (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) to, Md. 21207 eigh lenderson 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata Dete 1 Burial 2 Cremetion 3 Ramoval from State any injury or 4 ☐ Donetion 5 ☐ Othar (Specify) Mem, Gardens 22. Name end Addrass of Facility
Joseph L. Ku.
2222 W. Nor 21. Signeture of Funerel Service Libensaa Nor AUR 23e. Part / Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shod or haeri failigre. List only one cause on each line. Approximata Intervel Between Onset and Deeth Physician /Medical Immediete Ceuse (Finel diseasa or condition rasulting in deeth) Examiner Examiner Sequantielly list conditions, if any, laading to immediata ceuse. Enter Underlying Cause (Diseese or Injury that Initiated evants resulting In deeth) Lest Records, P.O. Box 68760. The lew requires that the death certificate be en rolled ate has been signed by the ettending physician page 2 should be deteched for use es the buria Physiclan/Medical Due to (or es a consequence of): laneous Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 1 100 Gangrening 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to complation of cause of death? Completed 24a. Wes an eutopsy periormed? this certificate has gastroomo Rubo ws 1 Yes 2 No 1 ☐ Yes 2 1 No Division of Vital To the Hospital or Attending Physician: "within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p Be 25. Wes case referred to medical axaminer? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1□ Yes 2NNo 2 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28c. Injury at Work? 28b. Time of 28d. Describe how Injury occurred Certification: 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homicide 1 Sertifying Phyalcian: To the best of my knowledge, deeth occurred at tha time, date end plece, and due to the ceusa(s) end menner as steted. 29a. Certifier Medicai (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and menner stated.

29c. License number

70

29d. Data algned (Month, Dey, Yeer)

BAITHORE MD 21215

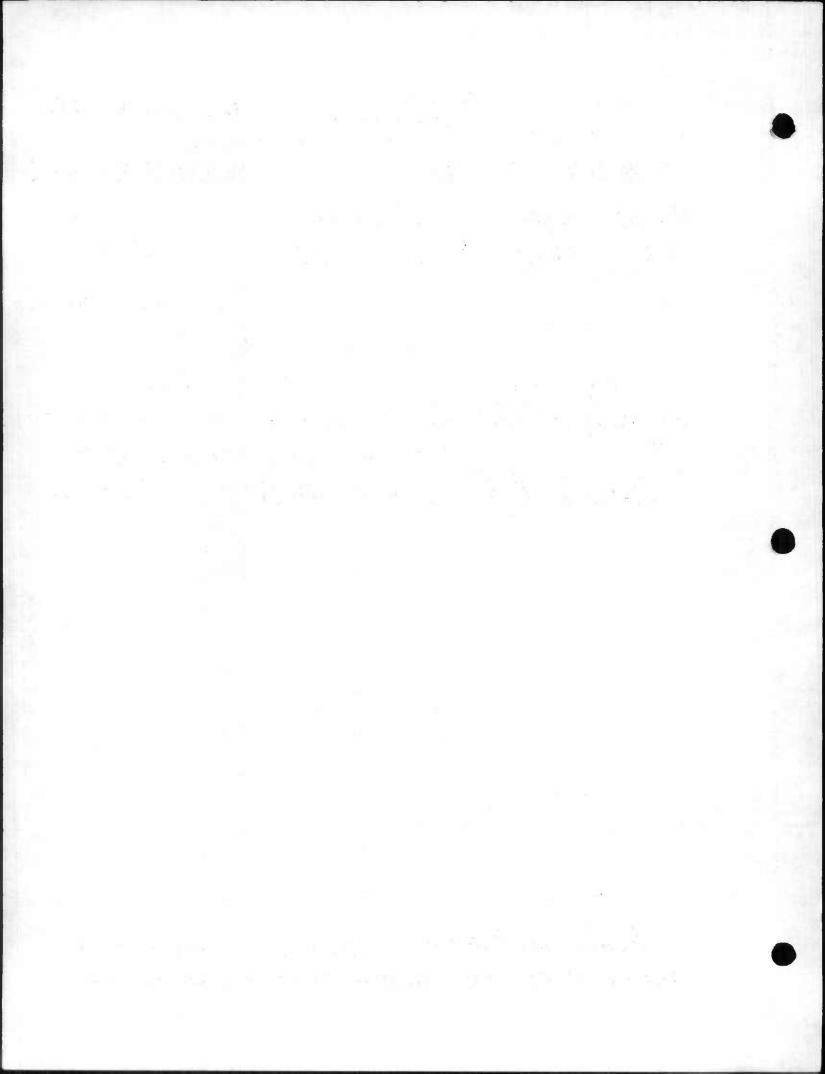
Registrar

2600 Liberty Height MD

end eddrass of person who complated causa of daath (Item 23e) (Type, Print)

Julia Dan Son-Randelle

29b. Signature/and title of certifier



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. Items:10c,f,19b per F.H.G-757 3/3/98 reb

State of Maryland / Department of Health and Mental Hygiene 9 8

Item:4b per M.D G-757 3/3/98 reb

Certificate of Death

Red. No. 05329 3. Time of Deeth 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dev **Physician** 1:30 PM February 17, 1998 KATHRYN JUANITA DARE /Medical 4e Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Pikesville Baltimore 3708 Pinelea Rd. If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Days Hours Min 1 □ M 2 🖾 F Yrs. Director 234-34-4597 Feb 17, 1925 West Virginia Usuel Residence of Decedent 10a Stete 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yes 2X No Director Maryland Baltimore Randallatewn Pikesville 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21208 USA 21133 Funeral 3708 Pinelea Rd. 14. Raca - American Indian, 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status Bleck, White, etc. 1 ☐ Never Merried 2 ☑ Married If Yes, Give Year or Detes: 1 Yes 2 No Specify: Š 3 ☐ Widowed 4 ☐ Divorced White Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) 12 years Homemaker Own Home 18. Mother's Neme (First, Middle, Maiden Sumeme, 17. Fether's Neme (First, Middle, Last) Be Moody C. Coleman Sophia Unknown 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code)
3708 Pinelea Rd. Pikesville 21208 19e. Informent's Neme/Reletionship (Type, Print) Edward H. Dare (Husband) 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Dete 20c. Location - City or Town, State 20e. Method of Disposition 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel Irom State 4 ☐ Donation 5 ☐ Other (Specify) 2-20-98 Garrison, Maryland MD Veterans Cemetery 22. Name end Address of Facility 21. 3 Sture of Funeral Service Licanses any ir Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallsto 8728 Liberty Rd. Randallsto hock, or heeft feilure. List only one ceuse on each line. Randallstown, MD 21133 Approximete Intervet Between Onset end Deeth with metastasies tmmediete Ceuse (Finel disease or condition resulting in deeth) · Cancer Due to (or es e consequence ol): Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Diseese or injury that initiated events resulting in death) Last Due to (or es e consequence of) Physician/Medical Due to (or es e consequence of): 23b. Did tobacco use contribute to the cause of death? Part It. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 1 ≥ Tes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy lindings eveitable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Physician /Medical Examiner

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Hastilt and Mental Hygiena. Imprortant: If item 27 is marked other than "natural", or items 23s or 28s-f show eny injury or other traumatic event, me Medical Examinat main be notified at

Baltimore, Maryland 21215-0020

physicia requires that the death certificeta be the signed by t peen The law has certificate or Attending Physicien: this

Division of Vital Records, P.O. Box 68760

P Certification:

1 Neturel 2 Accident 3 Suicide

4 Homicide

(Check only one)

29a. Certifier

within 24 hours efter death.

To the Funeral Director: After thi
completely filled in by the funeral 20

Hospital

5

25. Was case referred to medical examiner? 1 Yes 2 No 27. Menner of Deeth 5 Pending

investigation 6 Could not be determined

Hospitet: 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Day Year)

28b. Time of

28c. Injury et Work? 1 ☐ Yes 2 ☐ No 28e. Plece of Injury - At home, lerm, street, lectory, office building, etc. (Specify)

 Location (Street and Number or Rural Route Number, City or Town, State) 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s)

28d. Describe how injury occurred

Ь,	Signature and tit	p of certifier	5
	b	T. Kaips	200

29c. License number

29d. Date signed (Month, Dey, Year)

MD21208

Reistertown Rd #108 Batterene 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print) TAHOORA KAWAJA 1777,

end menner steted.

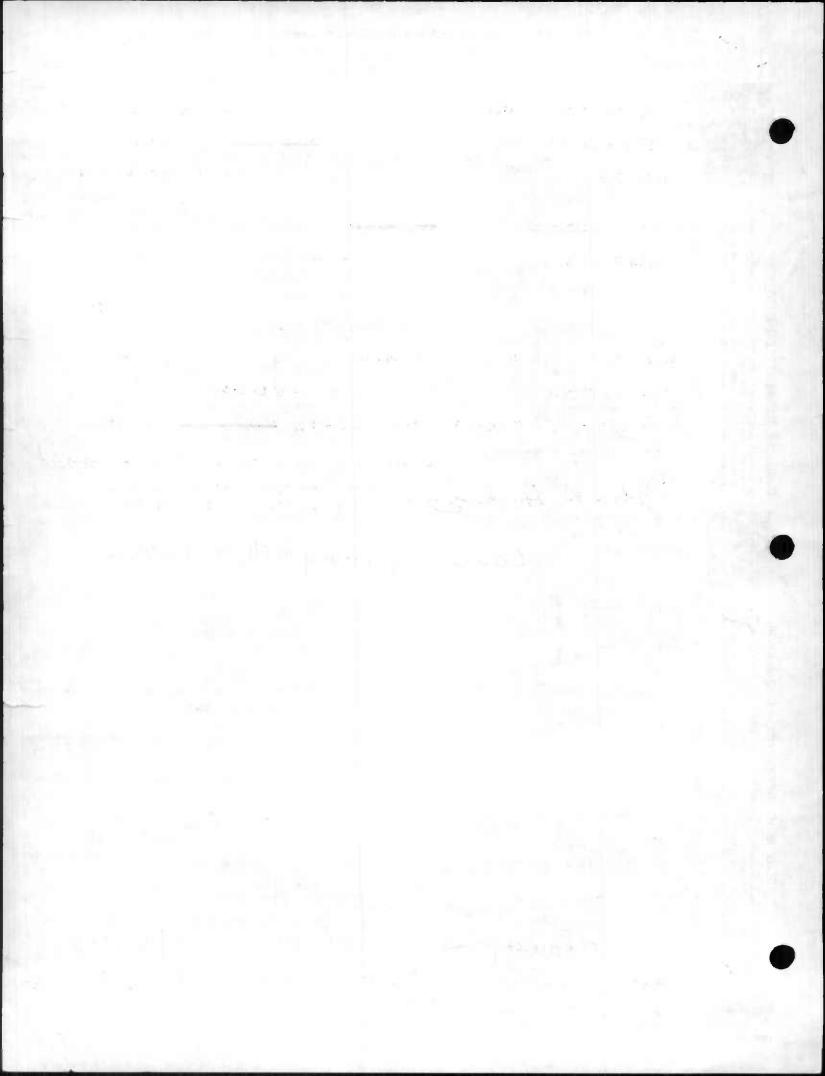
31. Dete liled (Month, Dey, Year)

82. Rigistrar's Signizione

Registrar

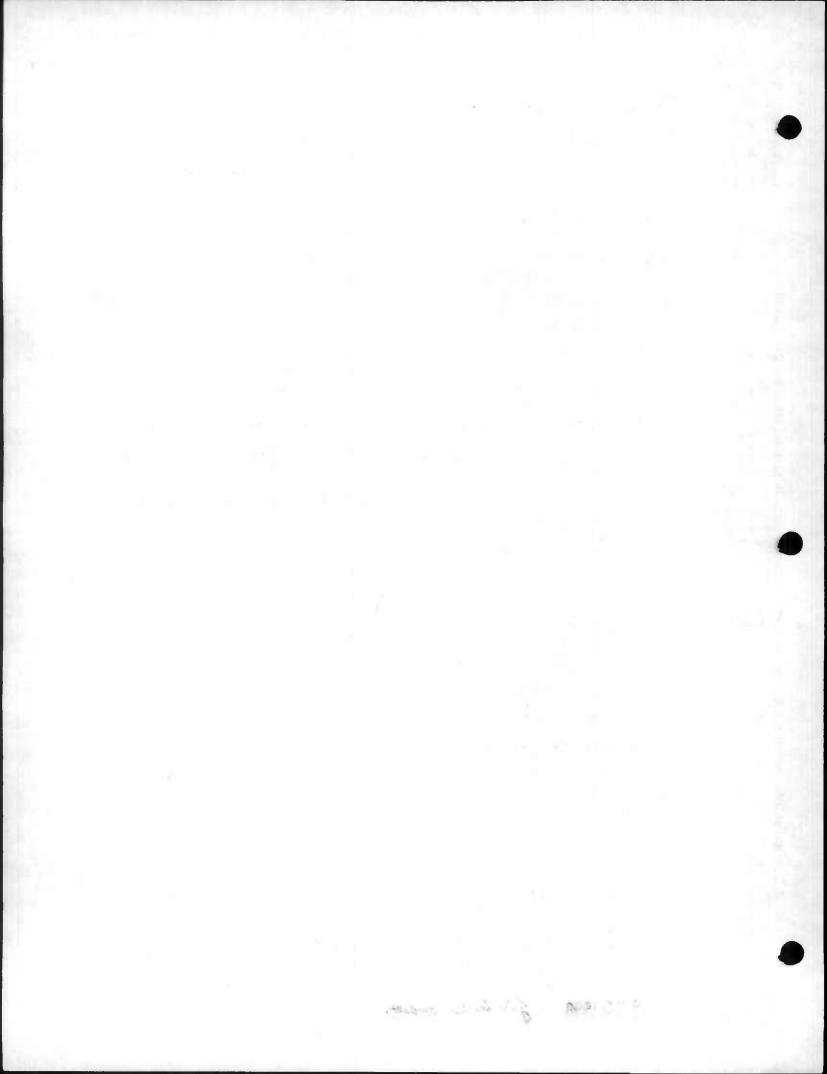
Medical

29



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Physicia /Medic			itzpatri					2. Date of D Month Februar	Y 13 1	998 2:2	e of Death
Examin	er	As Earlibs Name // not institution at a street and a section of Doc								more city	,
Funeral Director		213-07-9614	ex X M 2□ F	Age (In yrs. 95	last birthday) Yrs.	If Under 1 Year Months Days		s. Date of B (Month, L Sept.		9. Birthplaca (Sta Country) New York	
show	_	Usual Residence of Decedent 10a. State 10b. County		10c. City	y, Town or Loc						City Limits
28a-f	Director	Maryland Baltimore				timore 10f. Zip Code			1 ☐ Yas 2		
23a o		8832 Walther Boul	evard			21:	234		u.s.	Α.	
Hygiena. d other than "natural", or Items 23s or 28s-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Never Married 2 ☐ Married 3 ☒ Widowed 4 ☐ Divorced	12. Was Dacader Armed Force 1 ☐ Yes 2 If Yes, Give Year or Dates	s? I No	1	Vas Decedent of Yes, specify Cut ☐ Yes 2 No		(Specify Yes or Nerto Rican, atc.)	lo- 14. Rad Bla Specif	ca - American Indian ck, White, etc.	9
than "nature he Medical E	Completed	15. Decadent's Ed (Specify only highast gra Elementary/Secondary (0-12)	ucation de completed) College (1-4o	r 5+)			pation during most of w	vorking	16b. Kind of B	usiness/Industry	
ther th		6th Grade			Stee	l worke				Company	
nd Mental Hygiena. marked other than " matic event, inc Me.	To Be	17. Father's Name (First, Middle, Last) Patrick E. Fitzpa			F		Dora	Barrett	le, Maiden Suman		
7 is m traum		19a. Informant's Name/Relationship (19a) Geraldine Finlay	ype, Print) (Daugh:	toul					ber, City or Town, Maryland		
it if item 27 is marke		20a. Method of Disposition 1 🗓 Burial 2 □ Cremation 3 □	Removal from Stat	20b. P	lece of Dispos	sition (Name of etory or other pla	ace)	Data	20c. Location	- City or Town, Stata	
Important: If it any Injury or once.		4 □ Donation 5 □ Other (Specify 21. Signatura of Funeral Servica Lican) N	22.		ess of Facility 2R Funer	16/98 al Home	Inc.	ore, Mary	
		23a. Part 1. Enter tha disaase, or comp	pilcations that caus	ed the death						ryland 21	nate Between
rsiclan edical aminer		Immediate Cause (Final disease or condition Myocardial Infarction 24 hour									nd Death
V	Juner	resulting in death)	b. Lou		es a consequence	vence of):	sleed			48	hours
cian and burisi-tran	al Examiner	Sequentially list conditions, if any, leading to immadiata cause. Enter Underlying Cause (Disease or Injury	C	Due to (o	r as a consequ	uence of):					
FD 65	Medical	that initiated events Due to (or as a consequence of): d.									
d for u	iclar	Part II. Other significent conditions co	ntributing to death	but not resi	ulting in the un	deriving cause o	iven in Part I	23h DI	d tobacco use co	entribute to the cau	ee of death
signed by the atte	by Physician/M	Acute Renal F	Failure			donying oddoo g			Y•• 2 No	3 □ Probably 4	
has been sig ge 2 should b	Completed	Aspiretion Pa	eumomia	C					es an eutopsy formed?	24b. Were autop available pri completion of death?	or to
page	Com							10	Yes 2 No	1 ☐ Yas 2	No No
certificate rector, pag	Be	25. Was case referred to medical examiner?	Hospital:			_ 0	har-	Death (Check only			
this aldi	tlon: To	1 Yes 2 No 27. Manner of Death 1 Naturel 5 Pending 2 Accident investigation	Inpatient 2 ER/Outpatlent 3 DOA Other: 4 Nursing He te of Injury onth, Day Year)				Home 5 ☐ Rasidenca 8 ☐ Other (Specify) 28d. Describe how injury occurred				
To the Funeral Director: Aftar completely filled in by the fune	Certification:	3 Suicide 6 Could not be determined						(Street and Numi own, State)	ber or Rural Route N	lum <i>ber</i> ,	
• Funera letely fills	edical	29a. Certifier (Check only one)	reician: To the bes iner: On the basis and manner:	of examine	wledge, death tion and/or Inv	occurred at the t estigation, in my	lme, date and pla oplnion, deeth oc	ce, end due to the	e ceuse(s) end m e, date and place,	enner es steted. and due to the caus	ie(s)
Toth	Me	29b. Signature and title of certifier	scelen 1				se number		29d. Data signer	ed (Month, Day, Yea	r)
$\langle \rangle$		30. Name end eddress of person who	completed cause of	f death (Item		The same of the same					21224
		Johns Hopkins Bay				4940 E	astern A	venue, E	Baltimore	e, Marylar	ıd
Stat Registra		31. Date filed (Month, Day, Year)	32 Regi	trer's Signa	ture - standall						

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** tunderburk Month SUSAN 1998 15 15 February /Medical 4b City, Town, or Location of Deeth 4a. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner tospital Daltimore Emoria 5. Social Security Number if Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 9. Birthplece (Stete or Foreign Country) **Funeral** Deys 1 □ M 2 🛂 214-50-3551 Director Usuel Residence of Decedent 10b. County 10a State 10c. Çity, Town or Location 10d. Inside City Limits Baltimore 10 Tes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? Koad RESTVIEW ()SA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Û HO If Yes, Give Year or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify ģ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Umemployed 11+1 AG 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) Funder Idred INGRAM HERMAN MildRed Funderbuck-May. 1815 (Dalto. Md. 21239 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 1 Burial 2 □ Cremetion 3 □ Removal from State 2123198 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funerel Service License arch Enter the disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, or heart fullyre. List only one ceuse on each line. **Physician** /Medical Immediete Ceuse (Finel diseese or condition resulting in death) Encephalopathy week Circulatory collap week Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Sepsis Physician/Medical Due to (or es e consequenca of): Streptococcal pheumonia week Pert ii. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? tract infection 1 Yes 200No 3 □ Probably 4 □ Unknown ۵ 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Mellitus, End Stage Renal Disease Cerebrovascular Accident 1 ☐ Yes 2 No 25. Wes case referred to medical exeminer? 1 \(\text{Yes} \) 2 \(\text{No} \) 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpetient 3 DOA Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28c. Injury et Work? 28d. Describe how injury occurred 28b. Time of Neturel 5 Pending 1 ☐ Yes 2 No 2 Accident investigation 6 Could not be determined 3 ☐ Suicide 28f. Locetion (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

Examiner After efter death. Director: within 24 hours e To the Funeral D

ortant: If item 27 is marked other than "natural", or items 23a or 28a-1 ahow injury or other traumatic event, ina Medical Examinar must be notified at

pernit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiena. Important: If item 27 is marked other than any injury or other traumatic avant are seen.

State Registrar

29a. Certifier (Check only one)

29b. Signeture end title of certifier

11 Certifying Physician: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) end menner es steted.
2 Medicel Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end menner steted. 29c. License number 29d. Date signed (Month, Day, Year)

ebruary

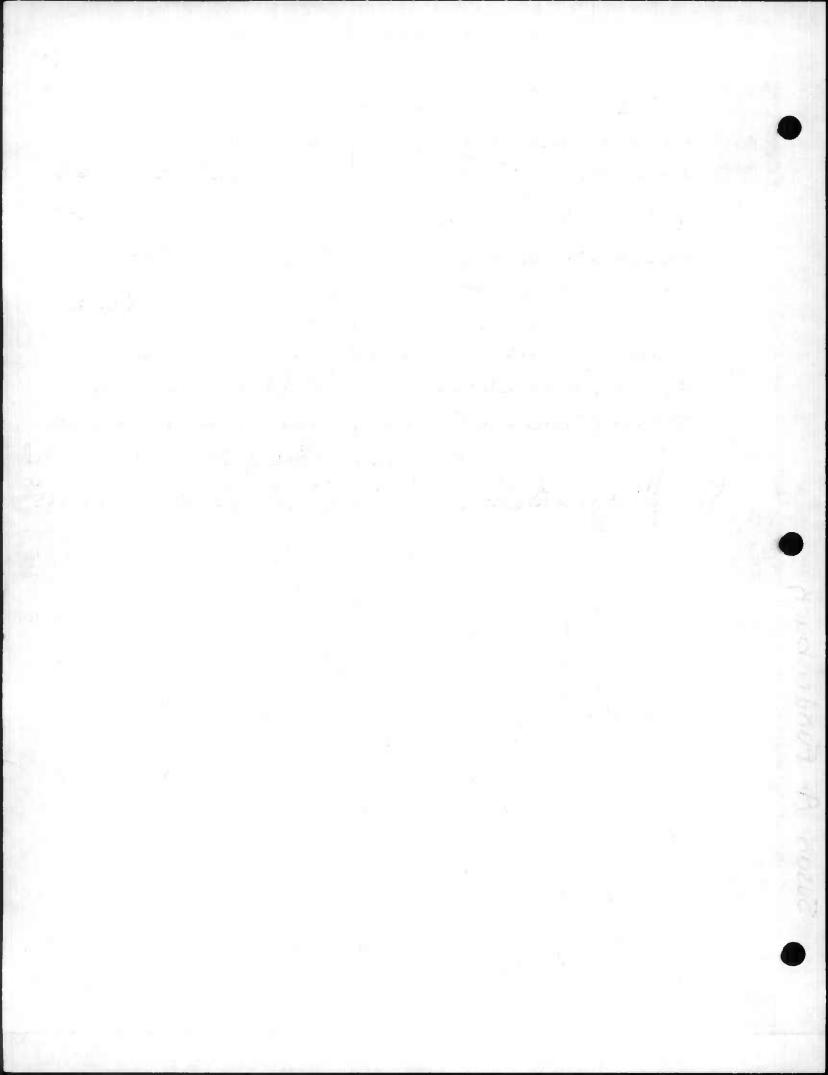
MD 21218

30. Name end eddress of person who completed caluse of deeth (Item 23e) (Type, Print)

University Parleway, Baltimore

32 Registrer's Signeture

DHMH 16 Rev 6/95

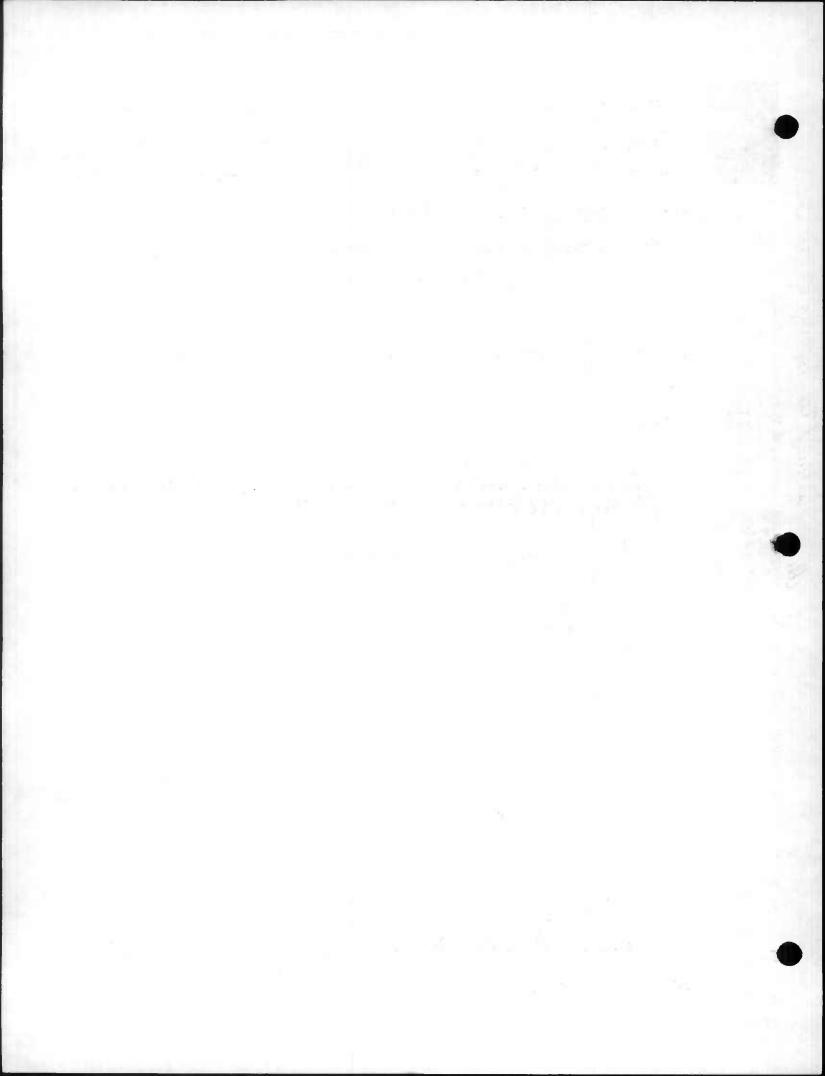


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manyland / Department of Health and Mental Hygiene

0	_		State of Marylar		rtificate of		i Mental Hy	Reg. No.	3 0	5332
Physician /Medicai	_	1. Decedent's Neme (First, Middle, Last) WILLIE MAE FREEN	1AN				2. Deta of De Month Februar	Dey 10 /	Yeer 1998	3. Time of Deeth $3^{\frac{1}{2}}Pm$
Examiner Funeral Director	r	5. Sociel Sacutry Number 6. Sax 577-96-0272 1□	eral Hospi	last birthdey) Yrs.	If Under 1 Yaar Months Deys	4b. City, Town, of Baltimer If Undar 24 H Hours Mi	r Location of Deel	rth ey, Yeer)	9. Birthpla	nca (Stata or Foreign y) nknown
ith the Maryland or 28a-f show was notified at	Ì	Usual Residenca of Decedent 10a. State 10b. County Maryland Baltimore	e City Ba.	ity, Town or Lo Ltimore	ocation				100	d. Inside City Limits 1 ☑ Yes 2 ☐ No
th with the Maryla 23a or 28a-f should be notified at 31 Director	Die Cire	10e. Street end Number 1501 North Dukela	nd Street		10f. Zip Code 21216			10g. Citizen of V	What Countr	y?
ar daa Items	Dy ruiler	11. Marital Status 1 □ Nevar Married 2 □ Marriad 3 □ Widowed 4 □ Divorced	2. Was Decedent Ever in L Armed Forces? unk 1 □ Yes 2 □ No If Yes, Giva Yaer or Dates:	nown	Was Dacedant of H If Yes, specify Cube 1 ☐ Yes 2 ☑ No	dispenic Origin? en, Maxican, Pue Specify:	(Specify Yes or Nerto Rican, etc.)		e - America ck, Whita, at :: Blacl	tc.
Baltimore, Maryland 21215-0020 semit. Pages 1 and 2 should be filled within 72 hours aft Department of Haaith and Mental hygiena. Thortant: If item 27 is marked other than "natural", or my highery or other traumatic event, the Mayloal Examinate. To Be Completed by F	ombiered	15. Decadent's Educ (Specify only highest greda Elementary/Secondery (0-12) unknown	ation completed) College (1-4or 5+) nknown	16e. Dece (Give life.	dent's Usuel Occup kind of work done DO NOT use retired	petion during most of w d)	rorking	16b. Kind of Bu		stry
ind the filed tall Hyg d other event,	מ	7. Fether's Nema (First, Middle, Last)				18. Mother's N	eme (First, Middle			
should I de marke imatic		unknown 19a. Informent's Neme/Reletionship (Typ	e Print)	19h Meili	ng Address (Street	unknow		per City or Town	State 7in (Code
Mand 2 saalth ar n 27 is		unknown	o, <i>e imi</i>	unkr		ond rumber as a	TERRI FICOLO FACILIE	oer, only or rown,	31818, ZIP C	1006)
Baltimore, Maryland 212. permit. Pages 1 and 2 should be filled within Department of Health and Mental Hyglena. Important: If Item 27 is marked other than any injury or other traumatic event, the Manan once. To Be Comp		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify)	in state	cemetery, cre	osition (Neme of metary or other plea		Dete	20c. Location -		
Balt permit. Depart Imports any Inji	21. Signetur numeral Service Licensee Roald S. Wade, Director State Anatomy Board, 655 W. Baltimore, Maryland 21201 21. Signetur numeral Service Licensee 22. Nama and Address of Fecility State Anatomy Board, 655 W. Baltimore, Maryland 21201 21. Signetur numeral Service Licensee 22. Nama and Address of Fecility State Anatomy Board, 655 W. Baltimore, Maryland 21201								Ltimore Street Approximeta Interval Between	
Box 68760, sath cardificate be axecuted attending physician and for use as the buriet-transit claryMedical Examiner	-	Immediate Ceuse (Finel diseases or condition rasulting in deeth) Sequentially list conditions, feny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest d.	Due to (d	or es e consec	quenca of):	ia				
P.O. Box nat the death cartiful dby the attending stached for use a Physician/M	5	Pert II. Other significant conditione cont	ributing to death but not res	sulting in the u	nderiying cause giv	ren in Pert I.	23b. Dld	tobacco uae co	ntribute to t	he cause of death?
ds, P.O.							1 🗆	Yes 2□ No	3 Proba	ably 4 Onknown
aw requires to should	non-line						24a. Was	s en eutopsy ormed?	aveil	e eutopsy findings able prior to pletion of cause eeth?
f Vital Rysten: The last certificate he director, page		25. Was case referred to medical				26 Place of D	eeth (Check only	Yes 2 No	10	Yes 2□ No
0 6 6 5	2	exeminar? 1 Yes 2 No	espital: 1 Inpatient 2 28e. Date of Injury (Month, Dey Year)	ER/Outpetier 28b. Time o Injury	28c. Injur Wor	er: 4□ Nursing y et k?	Home 5 ☐ Res			
Division c re after death. The Director: After to led in by the funera Certification:		2 Accident investigation 3 Suicide 6 Could not be 4 Homlcide determined	28e. Plece of Injury - At h building, etc. (Special	ome, ferm, str fy)		Yes 2 □ No	28f. Location (City or To	(Street end Numb wn, Stete)	er or Rural I	Route Number,
Hospi 14 hou Funer taly fill		29a. Certifier 1 Certifying Phyel (Check only one)	clan: To the best of my kno er: On the basis of examina end manner stated.	wledge, death	n occurred et the tin vestigetion, in my o	ne, date end plea pinion, deeth oca	ca, end due to the curred et the time,	ceuse(s) end me dete end plece,	enner es ste end due to t	ed. he ceuse(s)
To the within 2 To the compla		29b. Signeture and title of eartifier	ane	M.A.	29c. Licens	e number		29d. Date signed	d (Month, Di	ay, Year)
	1	0. Name and eddress of person who con	pleted cause of deeth (iter	п 23e) (Туре,	Print) (General	al Ha	soital	-//	01 18	
State Registrar		11. Dete filed (Month, Dey, Yeer)	32. Registrer's Signa	ature	CILIETE	1 /10	prial			

DHMH 16 Rev 6/95

Willie Mae Freeman



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Deeth **Physician** Month 1998 LDWARD RIESE 0340 FB /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** MOSPINAL BALTIMORE MERCY if Undar 1 Yaar If Under 24 Hrs. 5. Social Sacurity Number 8. Date of Birth (Month, Dey, Year) March 29,1925 6. Sax 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 🔀 M 2 🗆 F Days Hours Yrs. Director 220-14-3503 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits must be notified at N/A Director Maryland Baltimore City 1XXYes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours after death with United States Funeral 152 North Haven Street 21224 12. Was Dacedent Ever in U,S. Armed Forces? Was Decadant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Ricen, etc.) Race - Amarican Indian, Black, White, atc. traumatic event, the Medical Examiner 1 ☐ Nevar Marriad 2 X Married 1 ☐ Yes 2€No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 6 1 ☐ Yes 2 ☐ No Completed by Specify 3 □ Widowed 4 □ Divorced "natural" White 16e. Decedent's Usuai Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) I Hygiene. Elementery/Secondery (0-12) 5 Years College (1-4or 5+) Oven Maker Vulcan Hart permit. Pagas 1 and 2 should be filed.
Department of Health and Mental Hygi important: If Item 27 is marked other any injury or other traum-all page. other 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surname) Be Benjamin Friese Mary Gephardt 19a. Informant's Name/Relationship (Type, Print) Wife 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) 152 North Haven Street Baltimore, Maryland Mrs. Barbara I. Friese 21224 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel from State \5 ☐ Othar (Specify) Mt. Carmel Cemetery 2/20/1998 4 Donation Baltimore, Maryland 21. Signature of Fue eral Service Lic 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222 Do not enter the mode of dying, such as cerdiac or respiratory arrast, Approximate Intervel Between Onset and Death that caused the death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) **Examiner** ew ous 019 The law requires that the death certificate be assecuted Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest signed by the attending physicial by be detached for use as the bu Physician/Medical Dua to (or as a consequence of) Part Ii. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ◆ Unknown by 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? peen has 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical exeminer? 26. Place of Deeth (Check only one)

Division of Vital Records, P.O. Box 68760, this cartificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this cartifica completely filled in by the funeral director; p

Be 10

Certification:

Medicai

29b. Signature and title of certifier 30. Neme and address of pelson who completed cause of death (Item 23a) (Type, Print)

HERIM HOLD TML 301 ST PAUL -MOJE

31. Date filed (Month, Day, Year)

1 Yes 2 No

5 Pending investigation

6 Could not be determined

FEB 2 3 1998

27. Manner of Death

1 Naturel

2 Accident

3 Suicide

29a. Certifiar

4 - Homlcide

28a. Date of Injury (Month, Day Year)

32. Registra assignment and Sandale.

□ Inpatient 2 ER/Outpatient 3 DOA

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28b. Time of

29c. License number

1 ☐ Yes 2 ☐ No

28c. Injury at Work?

Ya Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

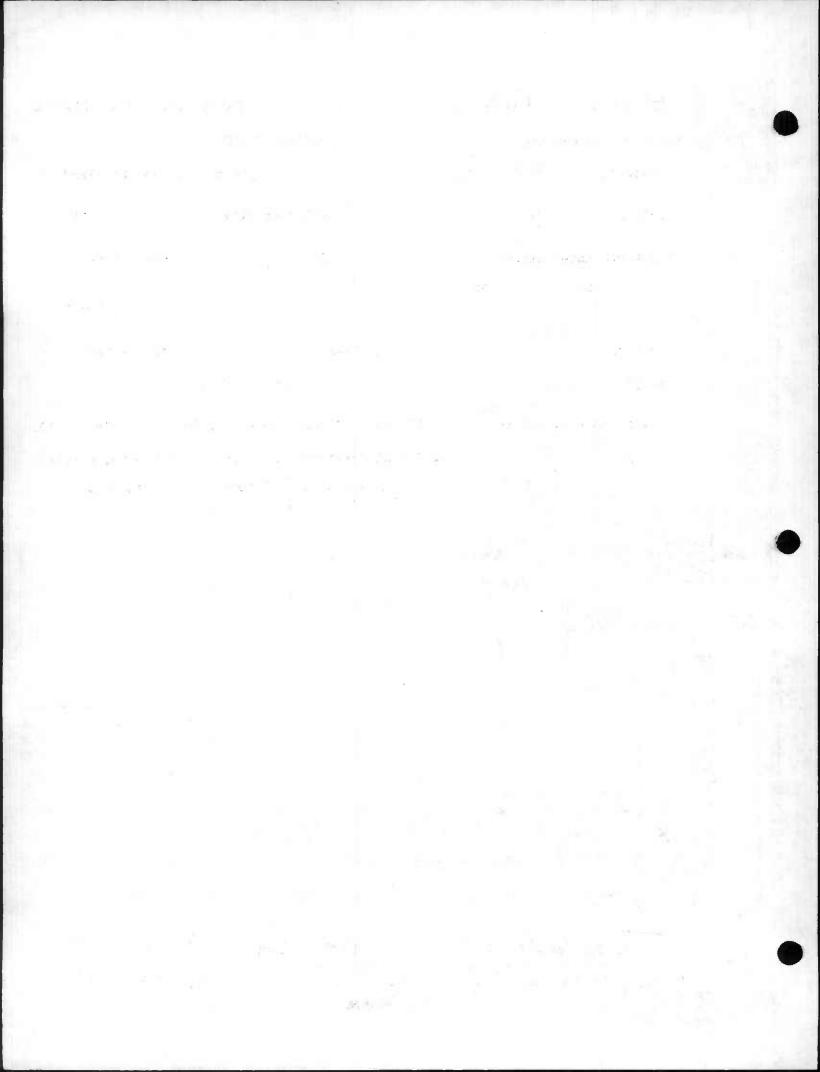
2 Madical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated. 29d. Data signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, Steta)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death FEBRUARY 17 1998 Physician 0958 Stanley Guild, Jr. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Union Memorial Hospital Baltimore | Hunder 1 Year | Hunder 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Hours | Min. | June 3, 1926 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplece (Stete or Foreign Country) Virginia **Funeral** 1XM 2□ F 226-20-2390 Director Usuei Rasidence of Decedent with the Maryland 10b County 10c. City. Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic avant, the Medical Examinar must be notified at 10d. Inside City Limits MD Baltimore Monkton Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 16954 Old York Road 21111 U.S.A. Funerai 12. Wes Decedent Ever In U,S. Armed Forces? 12 Yes 2 □ No If Yes, Give Yeer or Detes: 11 Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after Hygiene. other than "natural", or Ital 1 ☐ Never Married 2 M Married White 3altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 2 3 Widowed 4 Divorced 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedent's Education
(Specify only highest grade completed) 16h Kind of Business/Industry Baltimore City Eiamentary/Secondery (0-12) College (1-4or 5+) Government Budget Director permit. Pages 1 and 2 should be filed in Department of Health and Mental Hygie Important: If item 27 is marked other 1 any Injury or other traumatic avant, in 17. Fether's Neme (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumeme) Be Stanley Guild Helen Lyman 19e. informent's Nema/Relationship (Typa, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Coda) 16954 Old York Rd., Monkton, MD 21111 Janice C. Guild 20b. Place of Disposition (Name of 20e. Mathod of Disposition Feb. 20, 20c. Location - City or Town, Stete cometery cremetory or other plece)
St. James
Episcopal Cemetery 1 XBurial 2 ☐ Cremetion 3 ☐ Removel from State Monkton, MD 4 ☐ Donetion 5 ☐ Other (Specify) 1998 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility J.J. Hartenstein Mortuary, Inc. 4 Second St., New Freedom, PA 17349 that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, as on each lina. Approximete Intervel Batween Onset end Deeth **Physician** /Medical Immediete Cause (Finel MYOCARDIAZ INFARCTION
Due to (or es e consequence of): 30 HINUTE(disease or condition resulting in deeth) Examiner Examiner ACUTE PULMONARY HYPERTENSION 1 HOUR burial-transit Sequantially list conditions, if eny, laeding to immediate cause. Enter Underlying Causa (Disaase or Injury ACUTE PULHONARY EDEMA

Due to (or es e consequence of): 1 HOUR Vital Records, P.O. Box 68760, Physician/Medical thet initiated events resulting in deeth) Lest PULHONARY EMROLISM 2 HOURS Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Pert !. 23b. Did tobacco use contribute to the cause of death? SEPSIS Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings eveileble prior to completion of cause of daeth? 24e. Wes en eutopsy performed? ARTERIO SCLEROSIS 1 ☐ Yes 2. No 1 ☐ Yes 25 No Be 25. Was case refarred to medicel axaminer? 26. Plece of Daath (Check only ona) Hospitel: 1- Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 9 1 Yas 2 No After this 27. Mennar of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how Injury occurred Certification: 5 Panding invastigation 1. Naturel To the Hospital or Attandi within 24 hours after death. To the Funeral Director: A completaly filled in by the fi death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Locetion (Street end Number or Rurel Route Number, City or Town, Stata) 4 Homicida Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end manner as steted.

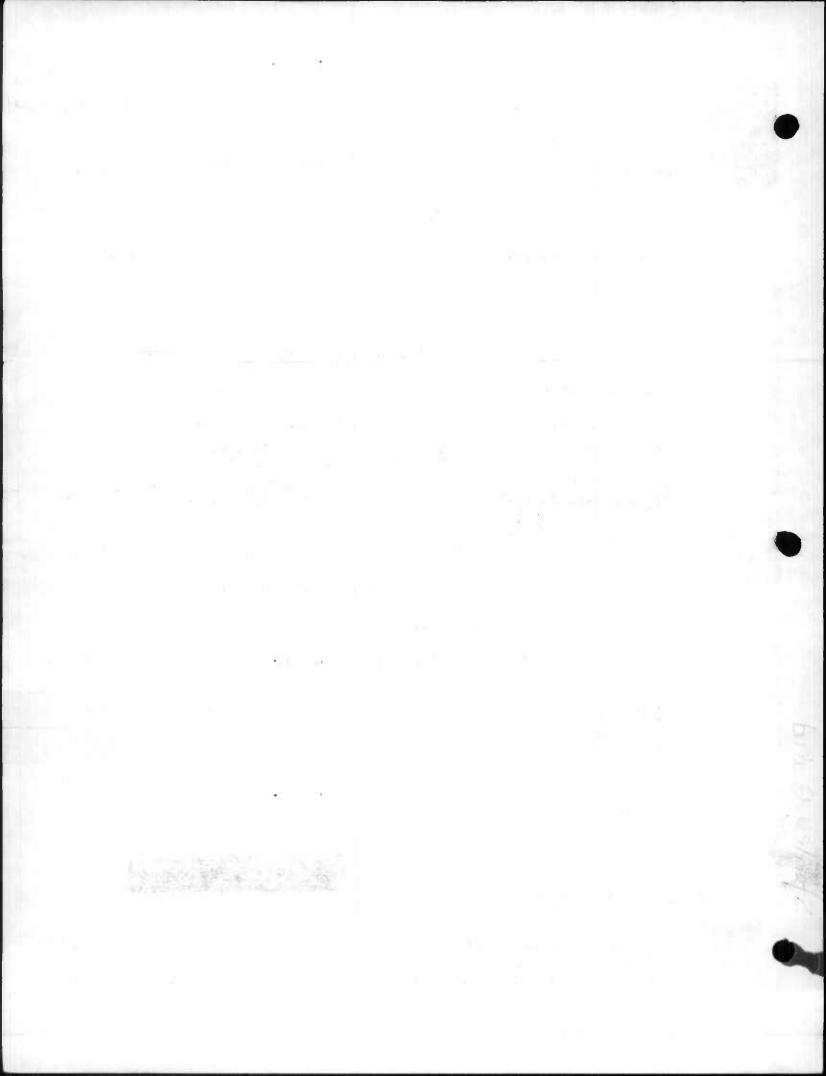
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daath occurred et tha time, data end place, end due to the ceuse(s) end menner stated. Medicai 29a. Certifier (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) AT 2438946 February 17, 1998 Dicheele U. Julliers

State Registrar MICHAELA K. MATHEWS, M.D. 32. Registrar's Signature

WION HEM. HOSPITAL BALTIMORE, MD 21218

30. Nama and eddress of parson who complated cause of death (Item 23e) (Type, Print)

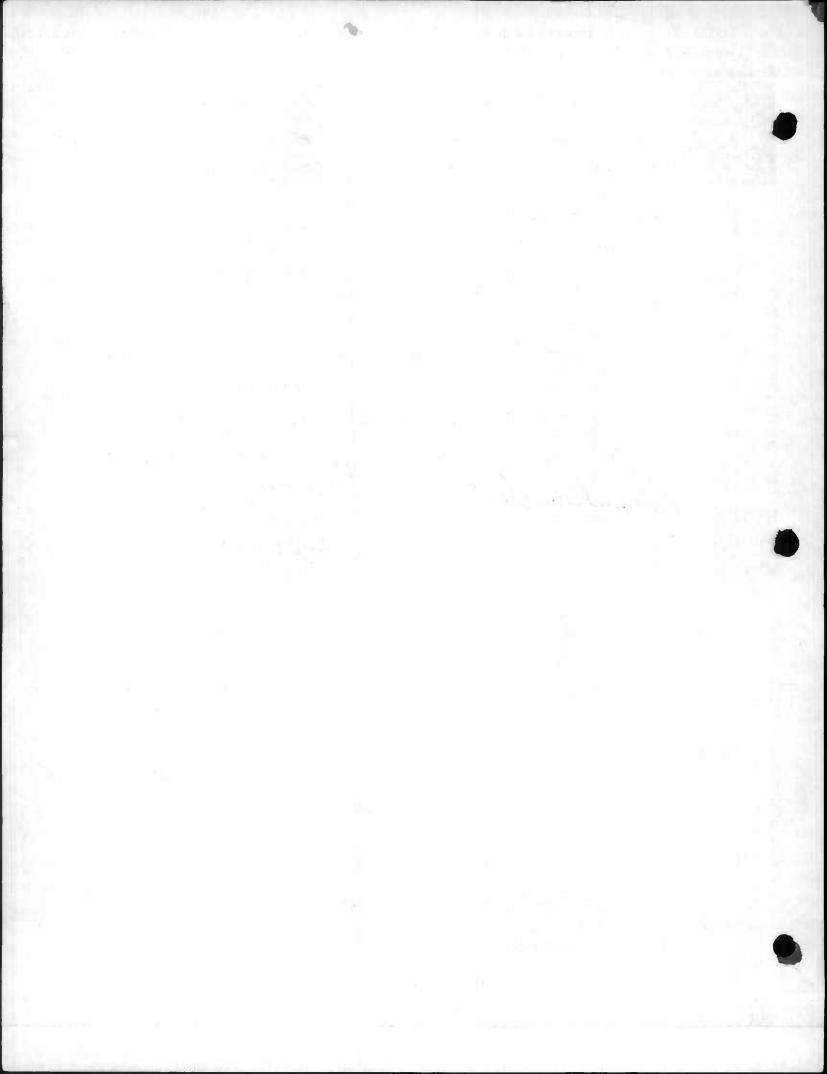
31. Dete filed (Month, Dey, Year) FEB 2 3 1998



State of Maryland / Department of Health and Mental Hygiene

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	Physic	ian	Decedent's Neme (First, Middle, Last Mariar) 1 Rozanski G	authio	2		2. Dete of De Month Januar	Day	98°	3. Time 10 th
N	/Medi Exami										10:15 am
	Funeral		Montgomery Gene 6915 Brook Road 5. Sociel Security Number 6. Se		MD 20 vrs. last birthde Yrs.	Months Dave		8. Dete of Bir (Month, De		gomery	County co (State or Foreign
show			Usuat Residence of Decedent 10a. Stete 10b. County Maryland Howard C		City, Town or Highla						. Inside City Limits
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland for Health and Mentel Hygiene. to the stand Mentel Hygiene. other traumatic event, the Medical Eventhet must be notified at	Funeral Director	10e. Street end Number 6915 Brooks Road 20777						10g. Citizen of Whet Country? USA			
	b	11. Marital Stetus 1 Never Merried 2 Merried 3 DWidowed 4 Divorced	12. Wes Decedenf Ever in Armed Forces? 1 ☐ Yes ♣ No If Yes, Give Yeer or Detes:	1 U,S. 1	3. Was Decedent of If Yes, specify Cub		ecify Yes or No Rican, etc.)		a - American ck, White, etc. white		
21215-0020	filed within 72 ho Hygiene. ther than "natui ent, the Wedical	Completed	15. Decedent's Edu (Specify only highest grade Elementery/Secondery (0-12) unl	completed) College (1-4or 5+)	(Gi	cedent's Usuel Occu ive kind of work done b. DO NOT use retire USSE Pract	during most of work ad)		16b. Kind of B		
pul	be file tel Hy d othe	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Neme	e (First, Middle,	Meiden Sumen	10)	
Maryland	should be fand Mentel Is marked of	To	John Rozans 19e. tnforment's Neme/Rejetionship (Ty		405 84	W Add (O4	Rose Ban			0111	
	and 2 sho selth and n 27 le me		Ms. Carol Lynn Wil			aiting Address (Stree					,
Baltimore,	permit. Peges t and in Department of Heelth Important: If item 27 in any injury or other tr		20e. Method of Disposition 1 ☐ Buriel 2 ☐ €remetion 3 ☐ R 4 ☐ Donetion 5 ☐ Other (Specify)	emovet from State	cemetery, c	sposition (Neme of remetory or other ple Crematory		Dete -31-98	20c. Location -	City or Town	
Balti	permit. Peges Department of I Important: If ite any injury or of		21. Signature of Funeral Service License	Sel	M00535	Ellicott	neral Hom	ryland	21043		3hv
7	Physician /Medical Examiner		21. Part1. Enter the disease, or complinate, or heart feilure. List only or the mediate Cause (Finel Isease or condition resulting in death)	CAR		PULMON				Ja	pproximete literval Between 9 miser end Deeth 9
Box 68760,	eath certificate be executed ettending physician and for use as the buriel-transit	8	Sequentietly list conditions, if eny, teeding to immediate cause. Enter Underlying Cause (Disease or injury that Initieted events resulting in deeth) Lest	Due to	YOCARD:		CTION				n- 10:15am
P.O.	that the death ed by the ette deteched for	Physician/N	Pert II. Other significant conditions con	tributing to death but not	resuiting in the	underlying cause gi	ven in Pert I.		tobacco use co		ne cause of death?
Records,	aw requires is been signi	Completed by						24e. Wes	en eutopsy emed?	aveita	eutopsy findings able prior to letion of cause ath?
la			25. Wes case referred to medical					10		1 🗆 Y	/es 2☑/No
of Vital	0 0	To Be	exeminer?	lospitet:	ER/Outpat	ient SEP DOA Ot	26. Place of Deet her: 4 ☐ Nursing Ho		dence 6 □Oth	er (Specify)	
Division o	Affing Pt. After th funeral	Certification:	27. Menner of Death 1 Naturei 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. Dete of Injury (Month, Dey Year	28b. Time Injury	y Wo			how injury occur	red	
Divi	To the Hospital or Attendi within 24 hours efter death. To the Funeral Director: A completely filled in by the fo		4 Homicide determined	28e. Piece of Injury - A building, etc. (Spe	ecify)			City or To			
	To the Hospital within 24 hours e To the Funeral I completely filled	edical	29a. Certifier (Check only one) Certifying Physical Examination (Check only one)	ner: On the basis of examend menner steted.	nowledge, de Inetion end/or	eth occurred et the ti investigetion, in my	me, dete end placa, opinton, deeth occurr	end due to the red et the time,	cause(s) end me dete end plece,	enner as stete and due to th	ad. ie ceuse(s)
	To the vithin To the comple	2	29b. Signeture end title of certifier.	nn		29c. Licen	se number 38833		29d. Date signe Young		
			30. Name and address of person who co	mpleted cause of deeth (I	tem 23e) (Typ	e, Print) EPIKE#	O CLARK	JVLLE	MD 21	029	
	Sta Registr		31. Dete filed (Month, Day, Yeer) FEB 2 3 1998	62 Registrar's Signary Davids	onetwo note	22					

DHMH 16 Rav 6/95



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 8 05336 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Tima of Deeth Month Yeer FEB 2:50 AM Vytautas 21 98 4s Facility Name (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Death HOSPITAL 31 - AGNES BALTIMORE If Undar 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 7. Age (In yrs. last birthday) Birthpleca (Stete or Foreign Country) 5. Sociel Security Number 1 M 2□ F Months Days Yrs. 212-30-9170 10/9/1919 Lithuania Usuel Residence of Decedent 10a Steta 10b County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Maryland Howard Ellicott City 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 9757 Michaels Way 21042 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give A Yeer or Datas: Was Decedent of Hispenic Origin? (Specify Yes or Notif Yes, specify Cuben, Mexican, Puerto Ricen, atc.) 14. Rece - Amarican Indien. Black, White, etc. 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yas 2 ☐ No Specify: Specify: White 3√2 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12th Foreman Sugar Plant 17. Fethar's Nema (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Jonas Galinis Agota Budreviciute 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Coda) 19e. Informent's Name/Reletionship (Type, Print) 9757 Michaels Way, Ellicott City, Maryland 21042 Helen Kinigopoulos/Daughter 20e. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, Stata Buriel 2 Cremetion 3 Removel Irom State
4 Donetion 5 Other (Specify) Meadowridge Cemetery 2/25/98 Elkridge, Maryland 21. Signature of Funeral Service Lis 22. Name and Addrass of Facility David J. Weber Funeral Home 5311 Edmondson Ave. Baltimore, Maryland 21229

23a. Pert1. Enter the disease or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest,

Approximate

Approximate Approximete Intervel Batween Onset and Death RESPIRATORY FAILURE Immediete Ceuse (Final diseese or condition rasulting in daeth) Dua to (or as a consequanca ot): LUNG CARCINOMA Due to (or as e consequence of): Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wera eutopsy findings available prior to 24e. Wes en eutopsy performed? completion of cause of death?

Physician /Medical Examiner

Important: If It any injury or

Physician

Examiner

Funeral

Director

"natural", or Itama 23a or edical Examiner must be

r than "nature

the Maryland

permit. Pages 1 and 2 should be filed within 72 hours after death with Oppartment of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itama 23a or

Baltimore, Maryland 21215-0020

Box 68760.

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Examiner Sequantially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initieted events resulting in death) Lest Physician/Medical

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Pert It. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

1 Yes 2 No 1 □ Yas 2 No 25. Wes casa raferred to medical 26. Pleca of Daeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 □ ER/Outpetlent 3 □ DOA 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 2 Accident 5 Pending 1 ☐ Yas 2 ☐ No investigation 6 Could not be determined 3 Suicide 28a. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicida 29a. Certifier

(Check only one)

15 Certifying Physician: To the best of my knowledge, death occurred et the time, deta end place, end due to the ceuse(s) and menner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner steted.

29b. Signatura and titia of certifier

29c. Licensa number

29d. Date signed (Month, Day, Year)

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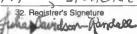
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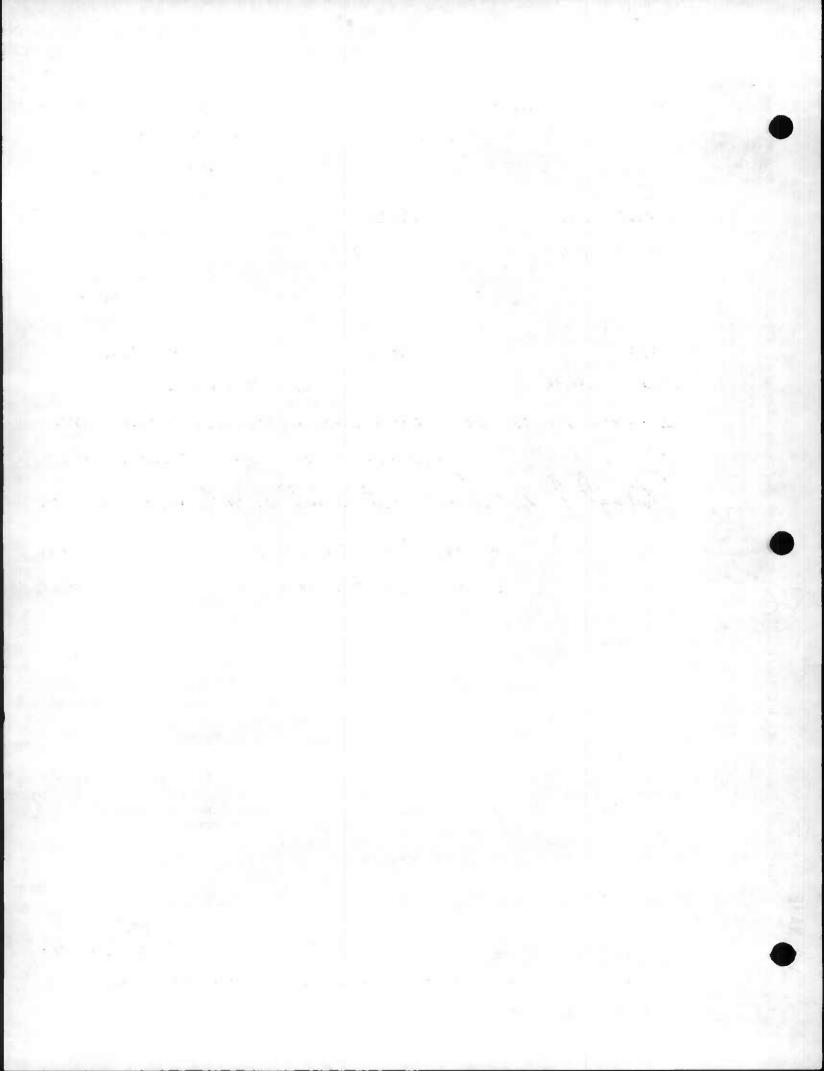
30. Neme end eddress of person who complated cause of daeth (Item 23e) (Type, Print)

VIOLETA ST. ABNES HOSP 900 CATON

31. Dete filed (Month, Day, Year)



State Registrar



Please Type or Print In Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day Month 3:30a February Elisabeth K. Geisler 4c. County of Death 4a Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Mariner Health Harford Belair It Under 24 Hrs ff Under 1 Year 8. Date of Birth (Month, Day, June 30 9. Birthplace (State or Foreign Country) Maryland 5. Social Security Number 7. Age (In yrs. last birthday) Months Days Hours 10 M 20 F June 86 10a. State 10b. County 10c. City, Town or Location 10d. Inside Cltv Limits MD Harford Jarrettsville 1 Yes 2 X No 10f. Zip Code 10e Street and Number 10g, Citizen of What Country? 1607 Steeple Chase Dr. 21084 U.S.A. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indian, Black, White, etc. 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritai Status 1 ☐ Yes 2 ☐ No If Yes, Give X 1 Never Married 2 Married Specify: White 1 ☐ Yes 2X No Specify: 3 □ Widowed 4 □ Divorced Year or Dates: 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondary (0-12) College (1-4or 5+) Pay Roll Clerk Hardware 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Andrew Amrhein Barbara Steifenhofer 19a. Informant's Name/Relationship (Type, Pnnt) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Marcella Joy 1607 Steeplechase Dr. Jarrettsville Md. 21084 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State Garden of Faith 2/24/98 Baltimore, Maryland 4 □ Donation 5 □ Other (Specify) 22. Name and Address of Facility 21. Signature of Funerai Servica Licensee Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland Do not enter the mode of dying, such as cardiac or respiratory arrest, 21206 Approximate Interval Between Onset and Death 23a. Part1. Enter the disease or complications that caushock, or heart failure. List only one cause on each Immediate Cause (Final disease or condition resulting in death) Due to (or as a consequence of) Months ros erosis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown rebro vascular 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? pertension 1 ☐ Yes 2☐ No Coronar 1 ☐ Yes 2 ☐ MG 25. Was case referred to medical examiner? 26. Place of Death (Check only one)

Physician /Medical Examiner 68760 isabeth Katherin B signed oertificate b hours 8 within 2 To the å

Physician

/Medical

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rthan "natural", or items 23a or 28a-f show

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permit, Pages 1 and 2 should be to Department of Health and Mental Important: If item 27 is marked of any Injury or other traumatic every

altimore, Maryland 21215-0020

1 Yes 2 No	1 Inpatient	2 ☐ ER/Outpatient	3□ DOA Other:	42 Nursing Home	5 Residence	6 ☐ Other (Sp
Manner of Death	28a. Date of Injury (Month, Day Yea	28b. Time of Injury	28c. Injury at Work?	28d.	. Describe how inj	ury occurred

investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

X ZAT

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier 1🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

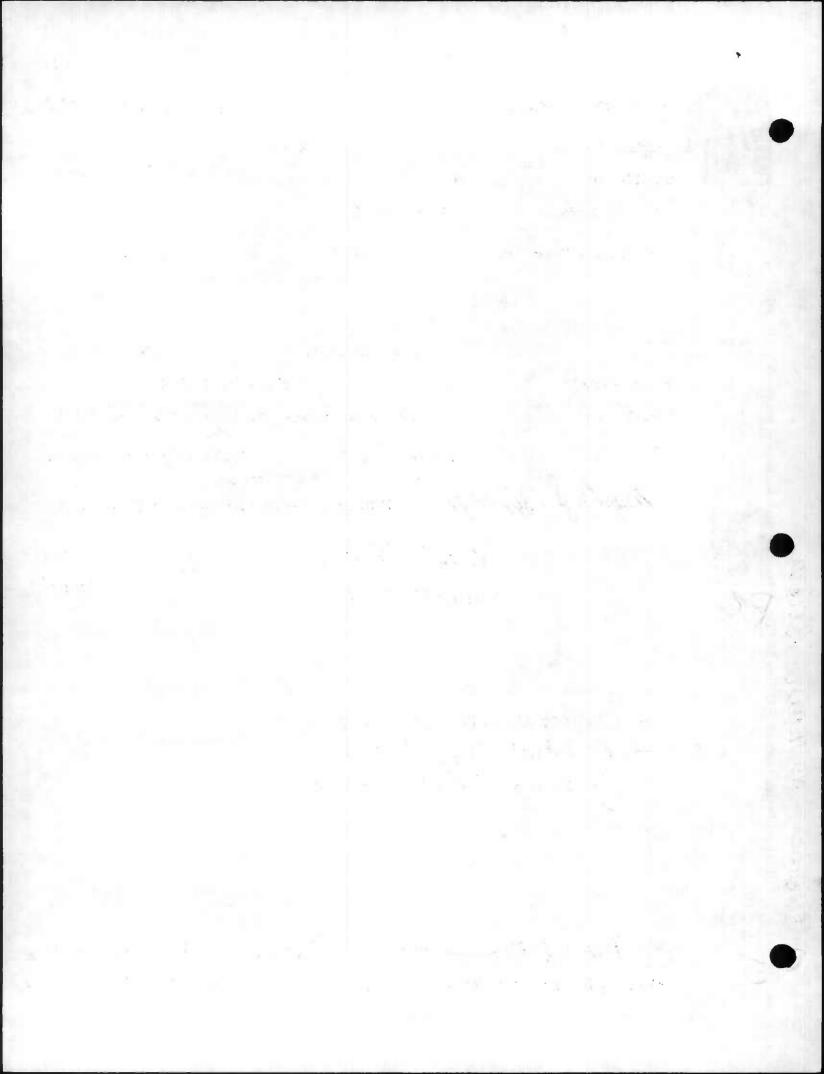
29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year)

anu

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Maryand

State Registrar 31. Date filed (Month, Day, Year) 2. Registrar's Signature whis Devidson-Randoll FEB 23



Please Type or Print in Black indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 9.20pm **Physician** +15 ENDRICKS 1008 reb /Medical 4b, City, Town, or Location of Death 4a Facility Name (If not institution, giva straet and number) 4c. County of Death Examiner 48 audallstown FIMORE WOGAZI HEIGHTS -Our 8. Date of Birth (Month, Dey, Year) If Under 24 Hrs. Hours Min. If Under 1 Yaar 9. Birthplaca (Stete or Foreign Country) 7. Aga (In yrs. last birthday) 5. Social Security Number **Funeral** 10 M 2□ F Months Deys Yrs. 241-12-078 Director Usual Residence of Decedent Peges 1 end 2 should be filed within 72 hours effer deeth with the Maryland nent of Health end Mental Hygiene. nt: If Item 27 is marked other than "natural", or items 23s or 28s-f show 10a. Stata 10b. County City, Town or Location 10d. Inside City Limits r 28a-f show 1 Yes 2 No anda Directo 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 7 is marked other than "natural", or items 23s or traumstic event, the Medical Examiner must be a 21133 USA 104 Hants wo. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 12. Was Deceden Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No 14. Race - American Indian, 11. Maritel Status Bleck, White, etc. 1 Never Married 2 Married 1 Yas 2 No Baltimore, Maryland 21215-0020 If Yes, Give Year or Detes: Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade complated) (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondary (0-12) College (1-4or 5+) NA leth (I) 18. Mother's Name (Eirst, Middle, Meiden Sumema) Father's Neme (First, Middle, Last) Be aru 19b. Mailing Address (Street and Number or Ruck Route Number, City or Town, State, Zip Code) 21133 19a. Informent's Name/Ralationship (Type, andalletous P Neadow HUNGE HENDR - wite 9048 20b. Place of Disposition (Neme of cametery, cremetory or other) 20c. Location - City or Town, State 20a. Method of Disposition permit. Peges Department of Important: If it any injury or o 1 Burial 2 Cremation 3 Removal from State 2 OWING 4 ☐ Donation 5 ☐ Other (Specify) 52 UE+. 22. Nama and Addrass of Fecility 22. Nama and Addrass of Fecility 22. Nama and Addrass of Fecility 23. Nama and Addrass of Fecility 24. Nama and Addrass of Fecility 25. Nama and Addrass of Fecility 26. Nama and Addrass of Fecility 27. Nama and Addrass of Fecility 28. Nama and Addrass of Fecility 29. Nama and Addrass of Fecility 20. Na 21. Signature of Funeral Servica Licensee FNC Home wone march 4300 Wabash Aug 21215 Datto. 23e. Parti. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or shock, or heart tature. List only one cause on each line. **Physician** Hodgens Lynghons 14 musths /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Physician/Medical Examiner ettending physician and for use as the bunel-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events Due to (or es a consequenca of): The lew requires that the death certificate be and Division of Vital Records, P.O. Box 68769. Dua to (or as a consequence of): rasulting in deeth) Last signed by the e 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 Yes 2 Tale 3 Probably 4 Unknown þ 24b. Were autopsy findings evalleble prior to complation of cause of death? been si 24e. Wes en eutopsy Completed s certificate has b director, page 2 s 1 ☐ Yes 2 ☐ No 1 Yes or Attending Physician: director, Be 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 1 Yes 2 No Residence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28c. Injury et Work? 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred After : 1 Naturel 2 Accident 5 Pending 1 Yas 2 No death. investigation Director: A 6 Could not ba determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Euneral Dire Funeral Dire Funeral Dire the Hospital 29a. Certifier 🔂 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the ceuse(s) and manner as stated. edical completely 2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner stated. (Check only one)

State Registrar

29b. Signature a

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

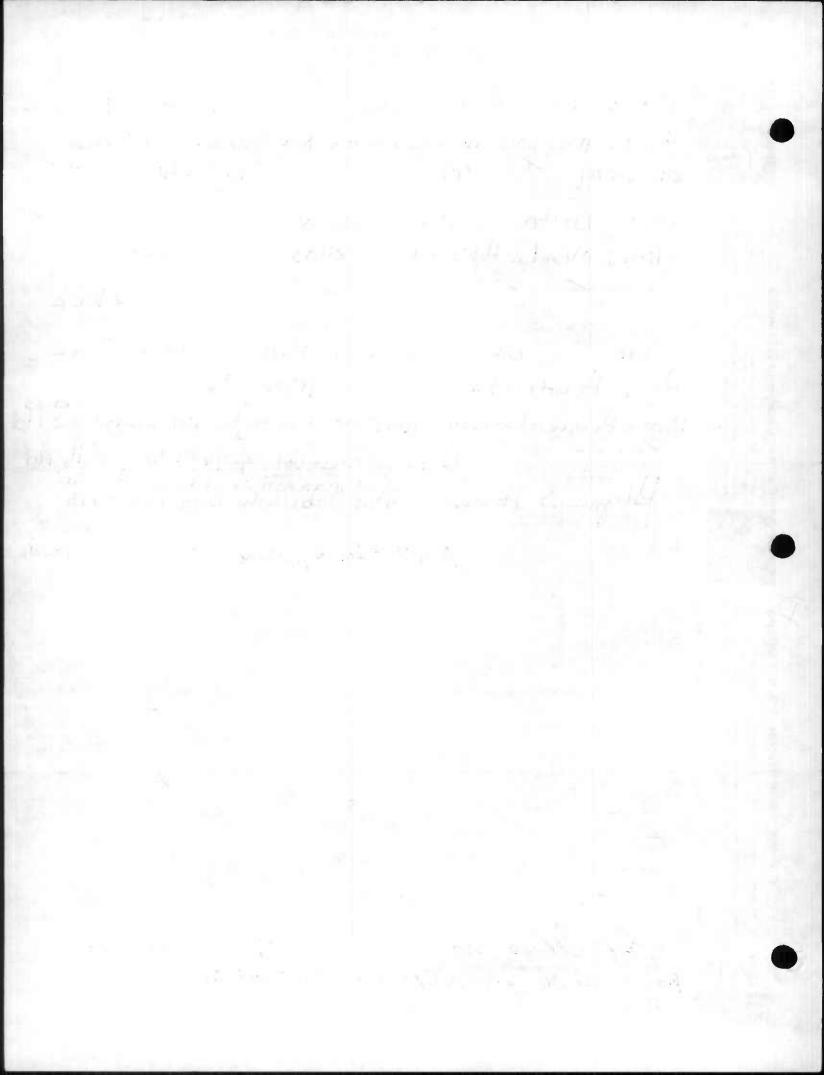
NAL CRAND, M 6569 N. Skouls 22. Registrar's Signature

ears

29c. License number

29d. Date signed (Month, Day, Year)

within 2 To the I



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death Josephine Month **Physician** 11:41 02 1:00 an /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Baltimore University of Manland Hospital If Under 1 Year | If Undar 24 Hrs. 5. Social Security Number 9. Birthplace (State or Foreign Country) 6. Sex 7. Aga (In yrs. last birthday) 10 M 20 F **Funeral** 241-03-070 Months Days Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Modical Examination must be notified at 1 Yes 2 No BALTIMURE Director 10e. Street end Number 10g. Citizen of What Country? EITE Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or Ital any Injury or other traumatic event, the Medical Exerction Black, White, atc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1□ Yes 22 No Black by 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Bustness/Industry Elementery/Secondary (0-12) College (1-4or 5+) unknown UNKNOWN 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Unknown UNKNOWN guardian 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Retationship (Type, Print) Cathedral St. BALTO, MD. 21201 000 Deboran 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date Burial 2 Cremation 3 Removal from State ZION Lansdowne, MO 4 ☐ Donation 5 ☐ Other (Specify) albert P. Wylie FIH AA MOR ST. BACTIMORE, MD 21217 22. Nama and Address of Facility 638 AllMOR The third disease, or complications that causad the death. Do not enter the mode of dyling, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) Pneumonia /Medical Examiner Physician/Medical Examiner 0100 Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of ceuse of death? 24a. Was an eutopsy Completed 1□ Yes 2 2 No 1 Yes 2 No 25. Wes case referred to medical examiner? Be 26. Place of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 10 1 Inpatient 2 ER/Outpatient 3 DOA Hospital or Attending Phys 24 hours after death. Funaral Director: After this or 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred Medical Certification: 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Tertifying Phyaician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

Division of Vital Records, P.O. Box 68760,

State Registrar

Mctadden Christopher 31. Date filed (Month, Day, Year) FEB 23

30. Name and address of person who completed ceuse of deeth (Item 23a) (Type, Print)

6 Could not be determined

3 Suicide

29a. Certifier (Check only one)

4 Homicide

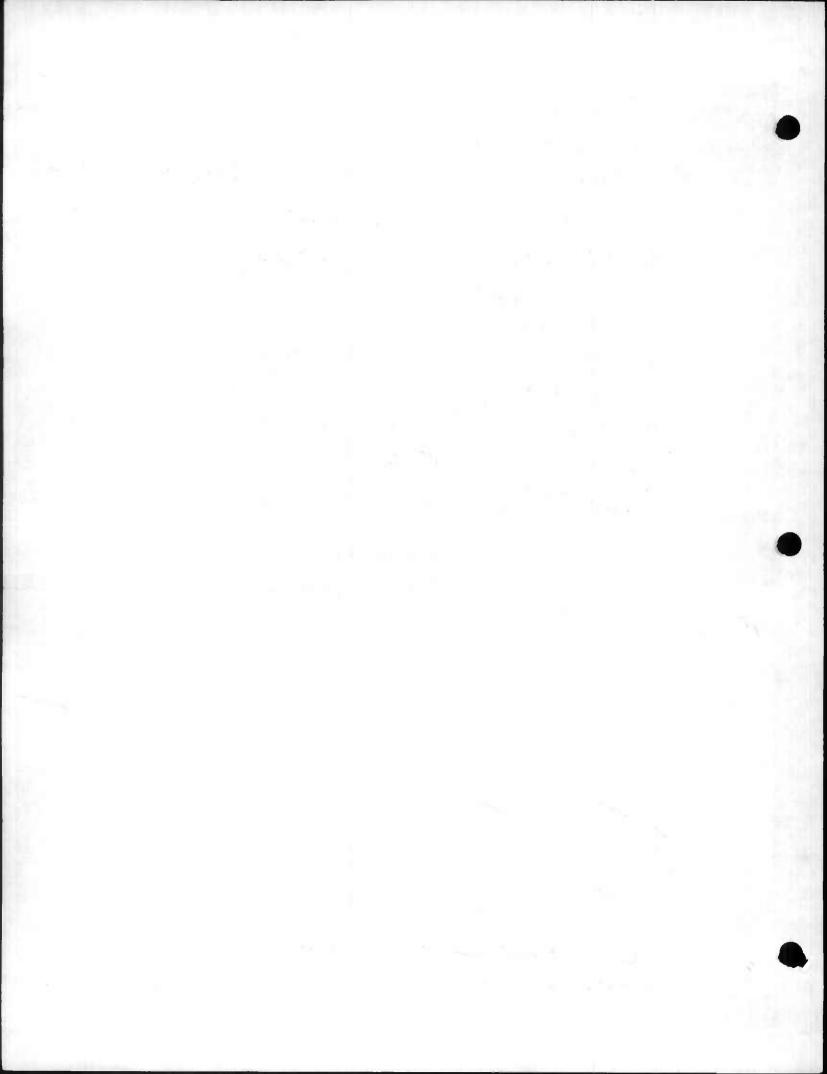
29b. Signature and title of certifier

10350 Eutaw Baltimore, Maryland 2120

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29d. Date signed (Month, Dey, Yeer)

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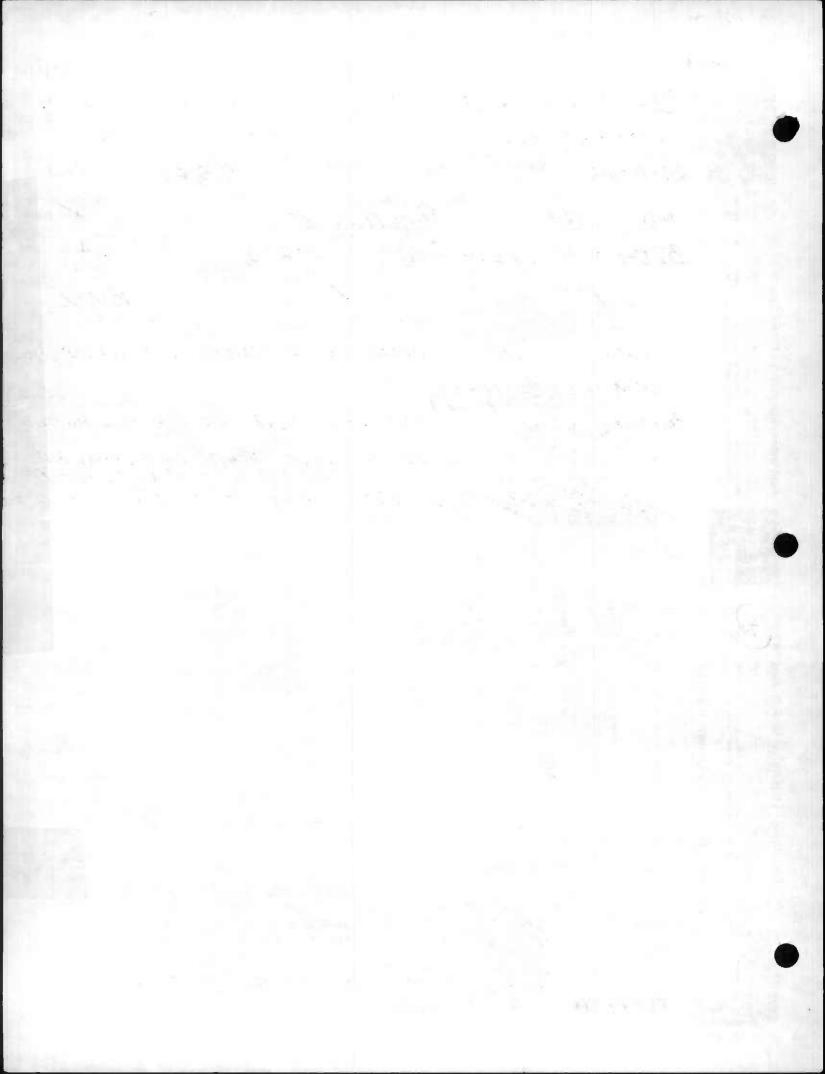


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	Funeral Director	5. Social Sacurity Number 6. S 2/8-/8-6/6/	7. Aga (In yrs.	// Ast birthday) If Undar 1 Your Months Da			(ear) 23	Birthplaca (St. Country)	ata or Foreign
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	iter death with the Mar r items 23a or 28a-f s niner must be notified Funeral Director	3204 L Au	NVIEW	AVE 101. ZIP COX	2121	3	c. Citizan of Wha	LSA	
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Maryland 2	Mental Hygi wrked other attc event, I	SAMUEL	C. HALL		18. Mothar's Na	ma (First, Middle, Ma	uiden Sumeme)		70.700
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Balt	permit. Page Department of Important: If any Injury or once.	21. Signature of Funaral Sarvice Licar	ISAR TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT			LBERT ,			H FA
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	To the Hospital within 24 hours a To the Funeral I completely filled Medical Ce	29b. Signature and fitla of certifiar	994		cansa number .C.M.E	290	d. Data signed (/ FEB. 19		ar)

State Registrar

30. Nama and addrass of person who complated causa of daeth (Item 23a) (Type, Print)

Nami A Finder 111 Penn Street, Baltimore, Maryland 21201



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Data of Death 3. Time of Death 1. Decedent's Name (First, Middle, Last) Month Day Year February 19, 1998 Haring **Physician** Madeline 9:34PM /Medical 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not institution, give street end number) **Examiner** Johns Hopkins Bayview Medical Ctr. Baltimore City 8. Date of Birth (Month, Dey, Year) 4, 1920 If Undar 1 Year Birthplaca (Stata or Foreign Country)
 Maryland 5. Social Security Number 7. Age (In yrs. lest birthdey) Funeral Months Days Hours 1 M 2 F Yrs. 214-12-4659 Director Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene. Illimportant: If Item 27 is marked other than "natural", or items 23e or 23e-f ahow any injury or other traumatic avant, ins Medical Examiner must be notified. 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits Dunda1k 1 ☐ Yes 2 No Baltimore Maryland Directo 10g. Citizen of What Country? 10e. Street and Number 10f. Zip Code 21222 7302 Dunmanway Apt. D United States Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No If Yas, specify Cuban, Mexicen, Puerto Ricen, atc.) 14. Race - American Indian, Black, White, etc. 11. Maritai Status 1 ☐ Yes 2 No If Yes, Give Year or Dates: 1 Never Married 2 Married Maryland 21215-0020 1 Yes 2 No Specify: by ₩idowed 4 Divorced White Completed 16e. Decedent'a Usual Occupetion (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry during most of working Elementery/Secondery (0-12) College (1-4or 5+) Own Home Homemaker 8 Years 18. Mother's Neme (First, Middle, Maiden Sumeme 17. Fathar's Nama (First, Middla, Last) Minnie Schoenfelder Philip Hanes 19a. Informent's Name/Relationship (Type, Print) Grand Daughter 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 3130 Main Avenue Edgemere, Maryland Nancy Jean Gentile 20b. Place of Disposition (Nema of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland Oak Lawn Cemetery 2/23/1998 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 3 7922 Wise Ave. Dundalk, Maryland 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** fmmediate Cause (Final disease or condition resulting in death) /Medical VENTUCULAR AMERY THAT A MINVICI Examiner Due to (or as a consequence of): Physician/Medical Examiner ACUTE MYOCARDIAL INFARCTION MINUTES Sequantially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of): The law requires that the deeth certificate began P.O. Box 68760, HIGH BLOOD PRESSURE YILS attending physic that initiated events resulting in death) Last Dua to (or as a consequenca of): DIABERS MELLITYS YRS ed by the a 23b. Did tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown by been sig 24a. Was an autopsy performed? 24b. Were autopsy findings aveilable prior to Completed completion of ceuse of death? this cartificata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Physician: 25. Wes cese referred to medicel examiner? director Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 MER/Outpatient 3 ☐ DOA After this 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Certification: or Attanding 1 Natural 5 Pending Investigation 1 ☐ Yes 2 ☐ No death. Director: / 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Straet end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) efter 4 Thomicide To the Hospital of within 24 hours of To the Funeral Discompletely filled in edical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. (Check only 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 1998 Scraulma 30. Name and address of person who completed ceuse of deeth (Item 23e) (Type, Print)

State Registrar

State 31. Date filed (Month, Day, Yeer)
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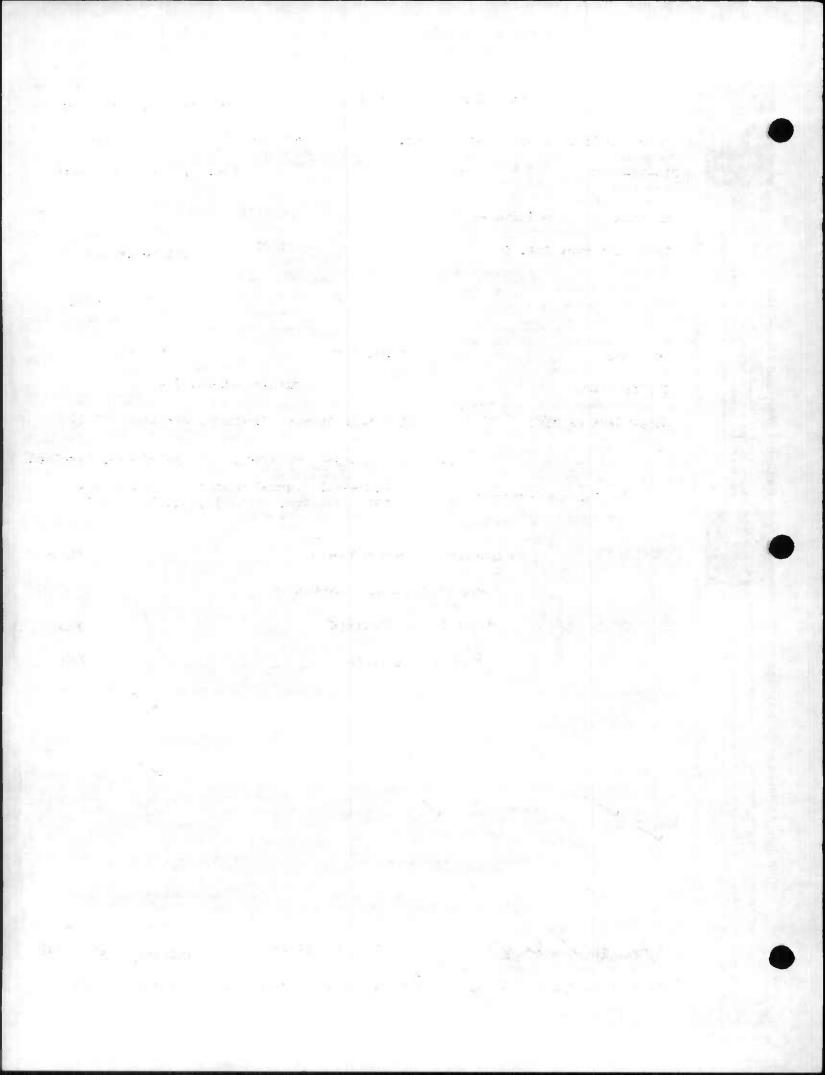
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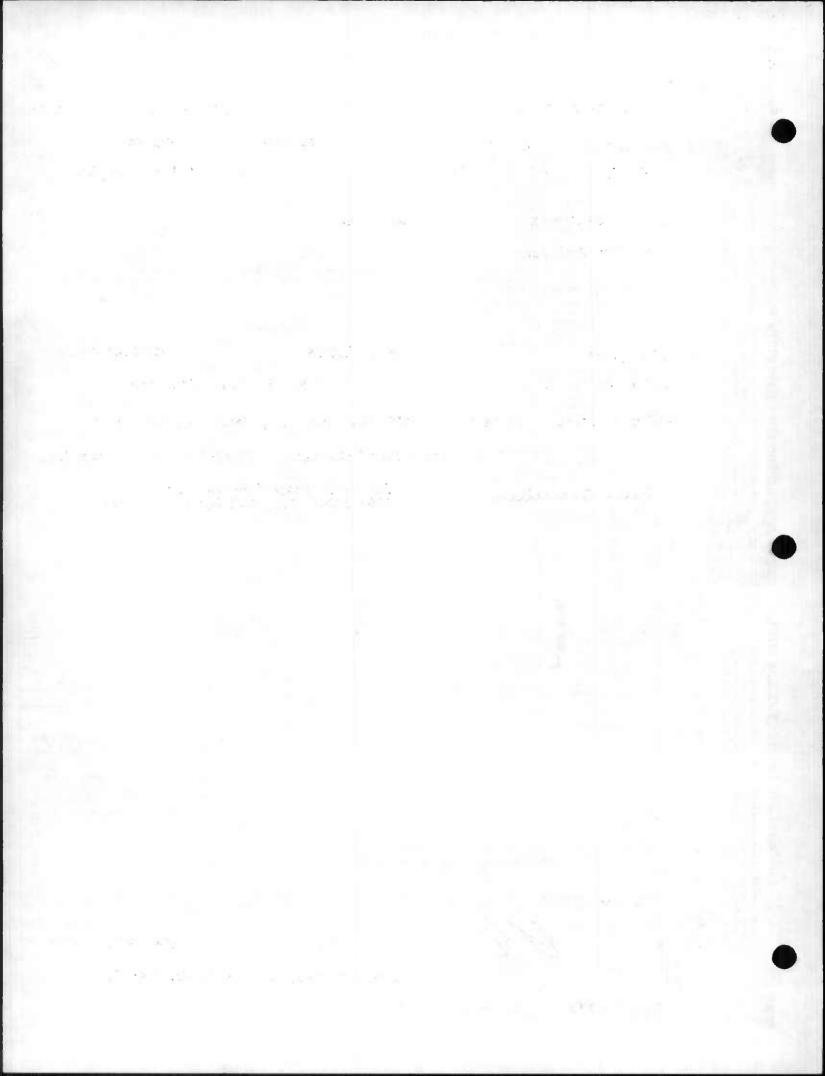
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BALTIMORE

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Physicia	_		Jones					Month Dey Year								
/Medic Examin	_	4a Fecility Name (If not institution, g				Ť	4b. City, Town, or	FEBRU Location of Dea) A					
Examin	61	FALLSTON GENERAL HOSPITAL Fallston HARFORD								ORD						
Funeral Director				e (In yrs. last	yrs. If Und	ar 1 Yaar s Days	If Under 24 Hr. Hours Min	8. Data of B (Month, D Apr.	irth lay, Year) 15, 1979	9. Birthpiaca (Stata of Country) Maryland	or Fo					
vith the Maryland or 28a-f ahow		10e. State 10b. County 10c. City, Town or Location Maryland Baltimore Baltimore							10d. Inside C 1 ☐ Yas							
or 28	Director	10e. Street and Number	2 /		10f. 2	ip Coda			10g. Citizan of							
238		4129 Glen Park					236		u.s	. A . ca - American Indian,						
0 0 5	by Funeral	11. Meritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1	Evar in U,S.	If Yes, sp						White, etc.					
"naturel".	ted	15. Decedent's (Specify only highast of		1	6a. Decedant's Us	ant's Usuel Occupation ind of work dona during most of working O NOT use retired)				usinass/Industry						
yiene.	Completed	Elementary/Sacondary (0-12) 12th grade	Collega (1-4or 5	5+)	lifa. DO NOT Meat		er		1	ring Compa	ny					
f Health end Mental Hygis tem 27 Is marked other other traumatic event, the	To Be		Jones				Patti	Marie	o, Maiden Sumar O'Henle	y						
7 Is m traum		19a. Informant's Name/Ralationship Mahlon A. Jones	(Typo, Print) (father		19b. Mailing Addre		and Number or F			21236						
Department of Health important: If item 27 injury or other tr pncs.		20e. Mathod of Disposition		20b. Plac	e of Disposition (A	ema of		Deta	1	- City or Town, Stata						
Department of important: If i any injury or once.		1 ☐ Buriat 2 X Cramation 3 4 ☐ Donation 5 ☐ Other (Spec		Gre	en Mount	Cren	natory	2/16/98	Baltimo	ore, Maryland						
hysiclan /Medical xaminer	,	23a. Part1. Entar tha disaesa, or co shock, or haart failura. List on Immediata Causa (Final disaesa or condition rasulting in death)	a. NAR	COTIC	INTOXICA'	TION				tritarval Bei Onset end	Daa					
death certificate be executed e ettending physician and of for use as the buriel-transit	Examiner	if any, leading to immediate cause. Enter Underlying														
5.5		that initiated avants							Part tt. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of							
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in 24 hours efter death. Ne Funeral Director: After this certificate hes been signed by the ettending physician is pletely filled in by the funeral director, page 2 should be deteched for use as the bunel.	edical Certification: To Be Completed by Physician/Medical	25. Was casa referred to medical axaminer? 1	Hospital: 1 Inpatie 28a. Date of Inju (Month, Da) ion Found 2/ 28e. Placa of Inju building, at Unknow Physician: To the best	ent 2 XER ry y Year) 28 15/98 U ury - At homa c. (Specify) n of my knowle t examinetion	//Outpatient 3 ib. Time of Injury nknown Man, farm, street, factodge, daath occurre, end/or Investigation	DOA Ottl 28c. Inju Wo 1 □ Dory, office	26. Plece of Donar: 4 □ Nursing ry et rk? Yas 2 □ No me, dete end plecopinion, death occurs as number	24a. Wa per 10. 24a. Wa per 10. 24a. Wa per 10. 28d. Dascribe Unkno 28f. Location City or 7. 4106 Pubite. and due to the	s an autopsy formed? Yes 2 No Yone) sidenca 6 Ott s how Injury occu Wn (Street and Num own, State) rospect Marsh, A e causa(s) end m o, data and placa,	24b. Were sutopsy available prior completion of of deeth? 150 Yas 2 har (Specify) rred ber or Rural Route Num Road 1d. anner as stated.	No No					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Film G-756 Certificate of Death 2-23-98RC Reg. No. Items: 2.29d Per MD, 21, 22 Per Anatomy Board 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 1998 **Physician** Roland 3:20 AM 27 1997 anuary /Medical 4e. Fecility Nema (If not Institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** saltimore Johns Baltimore City If Under 1 Year If Undar 24 Hrs. 5. Sociel Sacurity Numbar 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Deys 1 🕱 M 2 🗆 F 61 Yrs. 219-32-6113 **Director** Oct. 20, 1936 unknown Usuei Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Baltimore Director Maryland Baltimore City 10e. Straat and Number 10f. Zip Code 10g. Citizen of Whet Country? 2536 East Oliver Street 21213 U.S.A. 12. Wes Decedent Ever In U.S.
Armed Forces? Unknown
1 | Yes 2 | No
If Yes, Give
Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Bleck, White, etc. 1 X Naver Marriad 2 ☐ Married 1 ☐ Yes 2 No Specify: Specify: Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be unknown unknown 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) unknown 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetion 5 ☑Other (Specify) in state 21. Signeture of Funeral Servica Licensee

PRONALD S. WADE DIRECTOR

STATE ANATOMY BOARD, 655 W. BALTIMORE STREET

212. Name end Address or recility

STATE ANATOMY BOARD, 655 W. BALTIMORE STREET

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STATE ANATOMY BOARD, 655 W. BALTIMORE STREET

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STATE ANATOMY BOARD, 655 W. BALTI 21. Signeture of Funeral Servica Licensee 22. Name end Address of Fecility **Physician** /Medical Immediate Ceuse (Final Enterococcus Urosepsio 10 days diseasa or condition resulting in death) Examiner Due to (or es e consequence of) Cirrhosis Examiner The law requires that the death certificate be axecuted burial-tran Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceusa (Disaase or Injury that initieted events resulting in deeth) Lest Due to (or es e consequance of) end Alcoholism unknown Box 68760 physician Physician/Medicai Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the causa of death? o 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings aveilable prior to Completed 24a. Wes en autopsy performed? complation of cause of death? 1 Yes 2 No 1 Yes 2 No this certificate Division of Vital or Attending Physician: 7 eftar death. Director: Aftar this certifica director, Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Hospital: 12 Inpatient 2 ER/Outpetient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 28c. Injury et Work? 27. Menner of Deeth 28d. Describe how injury occurred 28b. Tima of 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined To the Hospital or Attar within 24 hours eftar der To the Funeral Director completely filled in by th 3 Suicide 28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 Certifying Phyeicfan: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the best of examinetion end/or investigation, in my opinion, death occurred et the time, dete end piece, end due to the ceuse(s) and menner steted. 29e. Certifier (Check only one) 29b. Signature end title of cartifier 29c. License number Changnip RES 000 30 Name and addrass of person who completed cause of deeth (Item 23e) (Type, Print)

Patricia Chang, MD Johns Hopkins Hospital Baltimore
TEB 23 1998

January Signature
TEB 23 1998

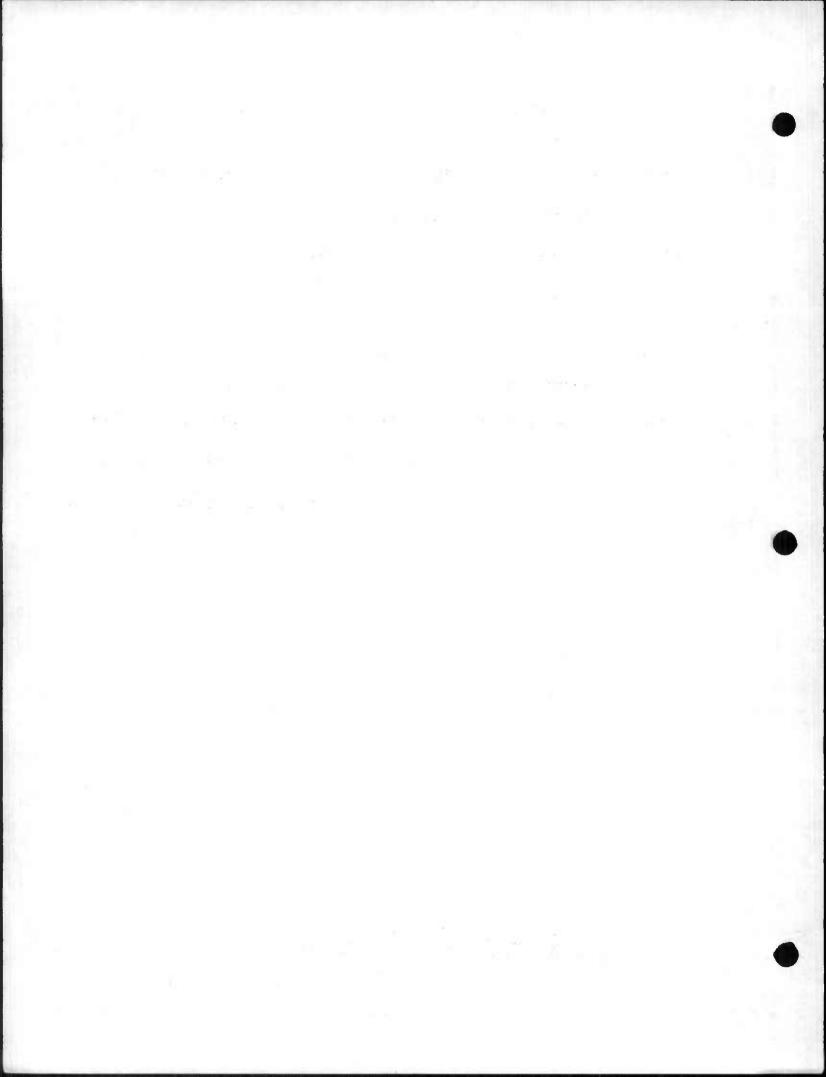
State Registrar

98-0837-005 Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ROSALYN Certificate of Death JOHNSON 2 Dete of Deeth 3. Time of Deeth 1. Decedent's Neme (First, Middle, Last) FEBRUARY 20, 1998 **Physician** 00:43 AM ROSALYN ALGENIA JOHNSON /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth 4e Fecility Neme (If not institution, give street end number) Examiner NORTHWEST HOSPITAL BALTIMORE BALTIMORE if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) If Under 1 Year 5. Sociel Security Number Birthplece (State or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** Deys 1□M 20 F 50 Yrs. 216-50-1830 JAN 16 MD **Director** 1948 Usuel Residence of Decedent the Mandand 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or ferms 23a or 28a-1 show other traumstic event, the Medical Examiner must be nutrified at 1 Ves 2 No MD NA BALTIMORE Director 10e. Street end Number 10f Zin Code 10a. Citizen of Whet Country? with 1566 CLIFTON AVENUE 21217 USA Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 No If Yes, Give Yeer or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 1 Yes 2 No Specify: λq Specify: BLACK 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry al Hygiana. Elementary/Secondary (0-12) 12th College (1-4or 5+) 2yrs. PARA LEGAL LAW FIRM 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) permit. Pages 1 and 2 should be filt.
Department of Health and Mantal Hy important: if Item 27 is marked oth any Injury or other traumatic eventings. JUDSON C. JOHNSON DAISY ADAMS 19e. Informent's Name/Reletionship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) DAISY JOHNSON-MOTHER 1566 CLIFTON AVE. BALTIMORE, MD 21217 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete *Buriei 2 Cremetion 3 Removel from Stete DRUID RIDGE CEMETERY 2-25-98 BALTO., MD 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Fecllity WM C. MARCH FUNERAL WEST, INC. 23a. Pert . Enter the bit ease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, MD shock, or heart fawere. List only one cause on each line. Intervel Between Onset and Deeth Physician Immediete Cause (Final diseese or condition resulting in death) /Medical Examiner Examiner hysician and the burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieled events resulting in death) Lest physician Physician/Medical Due to (or es e consequence of) 88 usa 23b. Did tobacco use contribute to the causs of death? Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert i. 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. by 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed has 2 No cartificata 25. Was cese referred to medical examiner? Be 28. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 X Yes 2 No 10 2X ER/Outpatient 3□ DOA this 28e. Date of Injury (Month, Day Year) Innaral 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? Aftar or Attending 5 Pending 1 ☐ Yes 2 ☐ No daath. 2 Accident after death 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicide 24 hours Hospital 29s. Certifie 1 Certifying Phyeicfan: To the best of my knowledge, deeth occurred et the time, date and place, end due to the ceuse(s) end manner as stated. Medical (Chack on 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner stated. To the F 29b, 5j6 29c. License number 29d. Dete signed (Month, Dey, Year) OCME FEBRUARY 20, 1998 eddress of person who completed cause of death (Item 23e) (Type, Print)

State Registrar A Comment of the second

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				State	oi maryiai		artment of i tificate of	nealth and N Death		gieneg 8	0 (534	5
	Physici	an.	1. Decedent's Neme (First, Mic	ddle, Last)					2. Dete of De Month	eth	Yeer	3. Time	of Death
	Physici /Medic		Raymond C.	Jackson, J	r.				Feb.	15 °	1998	4	Any
	Examir	ner	4e. Fecility Neme (If not Institute 9256 Hobnai.		um <i>ber)</i>			4b. City, Town, or L Columbia		4c. County HOW			
	Funeral Director		5. Social Security Number 359–66–2545	6. Sex 12 M 2 ☐ F	7. Age (In yrs.		If Under 1 Yeer Months Deys		8. Dete of Bir (Month, Da Dec. 1	th y, Year) 1978	9. Birthpl Count	lece (Stete try)	or Foreign
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	or 28a	irec	10e. Street end Number				10f. Zip Code			10g. Citizen of V	Vhet Coun	try?	
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020	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylend Department of Heelth and Mental Hygiene. Important: if item 27 is merked other than "natural", or items 23a or 28a-f show aimportant: if item 27 is merked other than "natural", or items 23a or 28a-f show aimportant; if items it is not other traumatic event, the Medical Examiner must be notified at another.	by Funeral Director	11. Meritel Stetus 1 ↑ Never Merried 2 ↑ M ↑ Widowed 4 ↑ Divorce	erried 1 Tes	2 X No		Ves Decedent of I i Yes, specify Cub I □ Yes 2 ¼ No	Hispenic Origin? (Spean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		e - America k, White, e Blac	etc.	
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, Maryland 21215-0020	1 and 2 sho Health and I am 27 is me other traums		19e. informent's Neme/Reletion Raymond C. Jac		(Fathe			end Number or Run			State, Zip 21045	Code)	
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	Physician /Medical											Onset end	Deeth
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of	Phys ral di	- To	1 ☐ Yes 2 ☐ No 27. Menne of Deeth	28e. Dete		ER/Outpetlent 28b. Time of	3LI DOA		ome 5 Resident	dence 6 Other)	
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Division	Hospital or Attending 24 hours effer deeth. Funeral Director: Affe stely filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Coul	mined 288. Piec	e of Injury - At he ling, etc. (Specif	ome, ferm, stre	set, fectory, office	-	28f. Location (S City or Tox	Street end Numb	er or Rural	Route Nur	n <i>ber</i> ,
	To the Hospital or within 24 hours effection 24 hours effect to the Funeral Direction places of the filled in the	edical C	29e. Certifier 1 Certify (Check only one) 1 Medica	ring Physician: To the ai Examiner: On the b end mer	e best of my kno easis of examine oner steted.	wledge, deeth tion end/or Inv	occurred et the ti estigetion, in my o	me, dete end plece, opinion, deeth occur	and due to the red at the time,	cause(s) and ma date end place, (nner as sta end due to	ated. the cause	(s)
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	7		30. Name and address of person PATPYCE A			n 23a) (Type, F L+565	Hemlac	k Cone	Way	Ellicot	Cct	7 M	10
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State of Maryland / Department of Health and Mental Hygiene

						Certificate of	Death	R	eg. No.	000	346
	Physici	an	Decedent's Name (First, Middle, Last		1/0	1000.5	TCILT	2. Dete of Deat	h Dey	Yeer	ime of Death
	/Medi		WALTER C	HARLES	KO	LODZIE		FELDICUIAN	1.13	1998 /	040 AM
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Н	Funeral		Fallston Genera 5. Social Security Number 6. S		In yrs. lest birti	hday) If Under 1 Yea	Fallst	Irs. 8 Date of Birth	Harb	ord	Stete or Foreign
ı	Funeral Director			BM 2□F	- 4	rs. Months Deys	Hours M	in. March Day	8° 9926	9. Birthpiece (S Marylland	d
	P		Usual Residenca of Decedent					1			
	ahov d at	7	10a. State 10b. County		Oc. City, Town						ide City Limits Yes 2 □ No
	the M	ecto	Md. Harford 10e. Street and Number		Jopp) 165 Z [NO
	th with 23a or	Funeral Director	2312 Reckord Road			10f. Zlp Code 2 1	085	1	0g. Citizen of V U.S.A		
	or dea	nuel	11. Maritel Status	12. Wes Decedent Eve Armed Forces?	or in U,S.	13. Was Decedent of if Yes, specify Cul	Hispanic Origin? ban, Mexican, Pu	(Specify Yes or No- erto Rican, etc.)		e - American indi	an,
Maryland 21215-0020	within 72 hours effer death with the Meryland ane. then "natural", or items 23s or 28e-f show its Medical Evantrice trust be notified at	þ	1 ☐ Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced	1 Maryes 2 □ No If Yes, Give Yeer or Dates:		1 ☐ Yes 2 ☐ No				". White	
5-0	n 72 hours "natural",	Completed	15. Decedent's Ed (Specify only highest gra-	ucation de com <i>pleted)</i>	16e.	Decedent's Usual Occu (Give kind of work done life. DO NOT use retire	ipation during most of и	vorking	16b. Kind of Bu	usiness/Industry	
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9	be filed withitel Hygiene. d other then	ပိ	17. Father's Name (First, Middle, Last)			THE COST THE		lame (First, Middle, A			
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ary	s 1 and 2 should f Health end Men frem 27 is marks other traumatic	-	19e. informant's Name/Relationship (7 Ellen F. Kolodzie	ype, Print)	19b.	Mailing Address (Stree	at end Number or	Rurel Route Number,	City or Town,	Stete, Zip Code)	
	and 2 paith e		tllen t. Kolodzie	jski Wife	23	12 Reckord	Road Jo	ppa, Md.2	1085		
ore	ges 1 t of He If Item or oth		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremation 3 ☐	Removel from State	20b. Place of cemeter)	Disposition (Neme of r, cremetory or other pic	ece)	Date	20c. Location -	City or Town, Sta	ate
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Baltimore,	semit lepart mport my in		21. Signature of Coneral Service Licen			22. Neme and Addr	ess of Facility	Home o/ 1	Pal Air	7	
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ı			23a Part. Enter the disease of companion of the stands of	lications that caused the one ceuse on each line.	death. Do n	ot enter the mode of dy	ing, such es card	iec or respiretory erre	est,	Appro	eximete ai Between t and Death
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_	The page	Co	nepatitis C	disease.	•			1 □ Ye	s 2 No	1 ☐ Yes	2 No
Viital	ysician: Tha lav s certificate has director, page 2	Be	25. Was case referred to medical examiner?	Hospital: 🗸				eeth (Check only on	9)		
ō		- T	1 Yes 2 No 27. Menner of Deeth	Hospital: 1 Inpatient 28a. Date of Injury	2 ER/Out	petient 3LI DOA		Home 5 Reside			
Division of	ding P. h. After funer	tlon	1 Neturel 5 ☐ Pending	(Month, Dey Ye		jury Wo	ork?]Yes 2∐No	28d. Describe ho	w injury occurr	90	
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ă	s effa ii Dira	Certification:	4 Homicide	building, etc. (S	Specify)			City or Town	, Stete)		
	ospit hour uners		29a. Certifier Certifying Phy	aician: To the best of m	y knowledge,	deeth occurred et the ti	ime, date end ple	ca, end due to the ca	use(s) and ma	inner as stated.	
	To the Hospital or Attending Ph within 24 hours eftar deeth. To the Funeral Director: After th completely filled in by the funeral	Medical	one)	iner: On the basis of exa and manner steted							
	o d with	Σ	29b. Signature end title of cartifier	0	_		se number			d (Month, Day, Yo	
	05		Celbert S. C	- Sun,	u.D	, MD	- D-18	5117	ebrua	y 13,	1478
	8		30. Neme end address of person who c	1	(item 23e) (1	ype, Print)	. D.	ad 6.11	ofm.	MAZ	1047
	Sta	e	31. Date filed (Month, Day Year)	JUN, M.D.	Signature	W Marte	THE NO	ad, fall	Svor	10 d	1071
	014		FFB KA PPB	I wan francisco	1-1/21 had						

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 05347 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Deeth 3. Time of Death Mary, Elizabeth, February 23:55 4b. City, Town, or Location of Death 4c. County of Death Westminster HOSPITA Carroll General County If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) Months 1 M 7 F 86 Yrs. April 23, 1911 Maryland 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2☐ No Baltimore Glyndon 10f. Zip Code 10g. Citizen of Whet Country?

/Medical 4a Facility Nama (If not institution, give street and number) **Examiner** Carroll 5. Social Security Number **Funeral** 220-30-4787 Director Usual Residence of Decedent with the Maryland 10e State r 28a-1 show Md. Directo 10e. Street and Number r than "natural", or items 23a or the Madical Examiner must be 229 Pennington Ave. 21071 Pages 1 and 2 should be filed within 72 hours after death ment of health and Mental Hygiene.

The market of the transfer of the file of theme 23 any or other fraumatic event, the Medical Exprise manny or other fraumatic event, the Medical Exprise manny. Funeral Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 12. Was Decedent Evar In U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yas, Give X Yeer or Dates: 1 □ Naver Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupetion 15. Decedent's Education (Specify only highast grada completed) (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Secondary (0-12) Collage (1-4or 5+) State of Maryland 9 th grade 18. Mother's Nama (First, Middla, Meiden Sumeme) 17. Father's Name (First, Middle, Last) Koss Anna Joseph Beck 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 19a. Informent's Name/Relationship (Type, Print) John G. Lloyd Jr. 223 Penningtom Ave. (Son) 20b. Plece of Disposition (Neme of cemetery, crematory or other plece) 20a. Mathod of Disposition Date 1 Buriei 2 Cremation 3 Removal from Stata permit. Page Department of Important: If any Injury or 4 ☐ Donetion 5 ☐ Other (Specify) Evergreen Memorial 2/23/98 22. Name and Address of Facility 21. Signature of Funeral Service Licensee

Physician /Medical Examiner

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signed by the a d be datached f

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funaral

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in 24 hours of the Funeral Director of the Funeral Dir

To the Hosp within 24 hor To the Fune complately fi

or Attending Physician: after death. Director: After this cartifica

à

Completed

Be

To

Certification:

Medicai

Division of Vital Records, P.O. Box 68760,

The law requires that the death cartificate be

Physician

Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Diseesa or injury that initiated events resulting in death) Lest

Immediate Ceuse (Final disaasa or condition resulting in death)

camos

neumonta Due to (or es e consequence of):

234. Junt. Enter the disease, or complications that causad the death. Do not entar tha mode of dying, such as cerdiac or respiretory errest, nock, or heart failure. List only one ceuse on each line.

Sepsis

Due to (or es e consequance of)

Dua to (or as e consequence of):

Part II, Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I.

disease

1 Yee 2 No 3 Probably 4 Unknown

24e. Was an autopsy

24b. Were autopsy findings available prior to completion of cause of deeth?

1 ☐ Yes 2 No

26. Piece of Death (Check only one)

1 ☐ Yes 2 ☐ No

25.	Was cese		to	madical
	exeminer?	1		
	1 Yes	2 No		
		1		

27. Mannar of Death 1 Natural 2 Accident

28a. Data of Injury (Month, Dey Yeer) 5 Pending Investigation 6 Could not be 28a. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

N Inpatiant 2 ER/Outpatient 3 DOA 28b. Time of

m. D

28c. Injury et Work?

1 ☐ Yes 2 ☐ No

ELINE FUNERAL HOME

28d. Dascribe how Injury occurred

29a. Cartifian (Check only one)

3 Suicide

4 Homicide

Certifying Physician: To the best of my knowledge, death occurred at tha tima, data and place, and dua to the ceusa(s) and mannar as stated.

2 Medical Examiner: On the basis of examination end/or invastigetion, in my opinion, death occurred at tha tima, data and place, and due to the cause(s) and menner stated.

29b. Signature and title of certifier

29c. Licansa numbar

29d. Data signad (Month, Day, Year)

D0052479

30. Name and address of person who completed ceuse of daath (Item 23a) (Type, Print)

FEB 2 3 1998

at carroll county General Hospital, Westminster, MD 21157 m. o., 31. Dete filed (Month, Day, Yeer) 32. Registra Signate Gundall

Registrar

DHMH 16 Rev 6/95

USA

14. Raca - Amarican Indian, Black, White, etc.

White Specify:

16b. Kind of Business/Industry

Rosewood Hospt.Clerk

Glyndon, Md. 21071

20c. Location - City or Town, State

Finksburg, Md.

11824 Reisterstown Road Reisterstown, Md. 21136

Approximate Intarval Batween Onset and Death

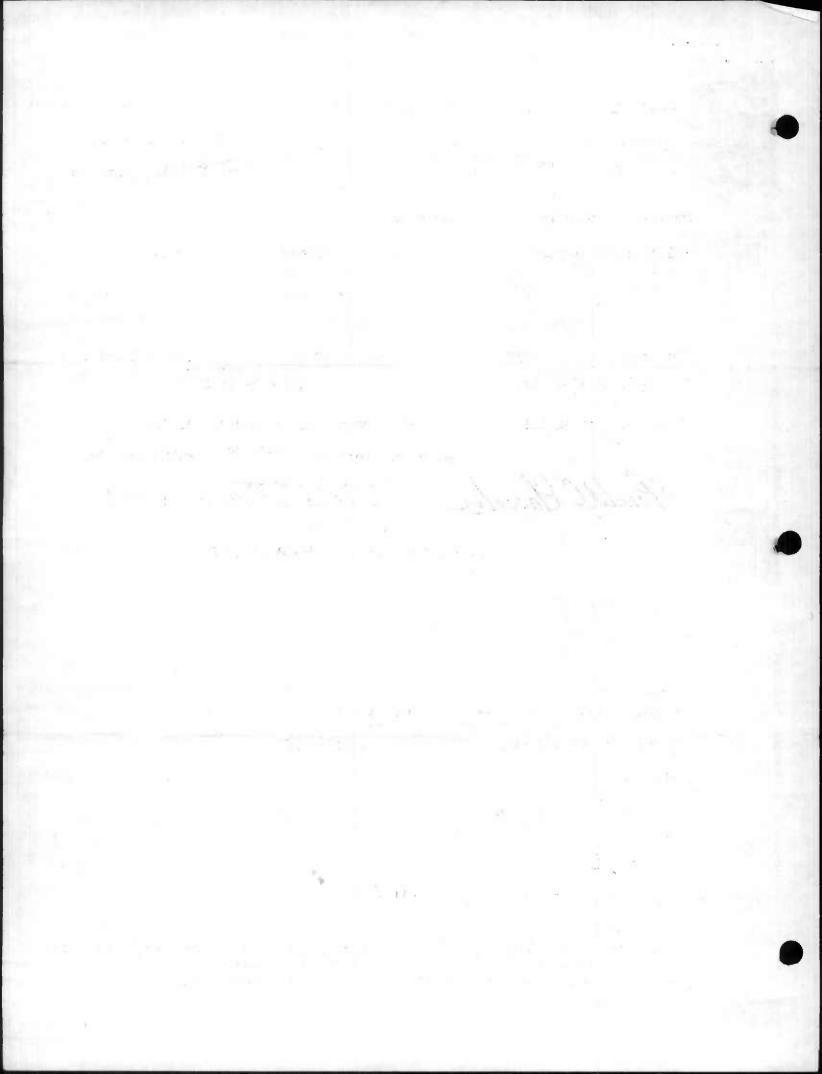
23b. Did tobacco use contribute to the cause of death?

Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify)

28f. Location (Street end Number or Rural Routa Number, City or Town, Stete)

be effective . In 740 : 410

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ı	Physic		1. Decadant's Nama (First, Middla, L		ALBER'	T MAS	ILEK,	JR.			2. Data of Deet Month	_	Yaar	3. Time of	
J.	/Medi	cal	4e. Facility Nama (If not institution, gr	ve street and number	ir)	316		36	s sh City Toy		ation of Daeth	4c. County	of Deeth	\$:30	PM
F.	Exami	ner	HOPKI			4L				0.0	LORE	BALTIM		[TY	
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	/and		Usual Rasidence of Dacedant 10a. State 10b. County		10c. Ci	ty, Town or	Location						10d	. Insida Cit	ty Limits
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	or 28	Funeral Director	10e. Straet and Number				10f. 2	Ip Code	4040		1	0g. Citizan of V	Whet Country	7	
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re,	f Health fem 27 other tr		20a. Mathod of Disposition			Place of Dis	position (A	lema of		GTen	Arm, Mo	20c. Location -		i, State	
imo	Pages nent of h int: If Ite iny or of		1 ☐ Burial 2 🗖 Cramation 3 l 4 ☐ Donation 5 ☐ Other (Spec			tro C				1-30-	-98 I	Baltimo	re, Mo	d.	
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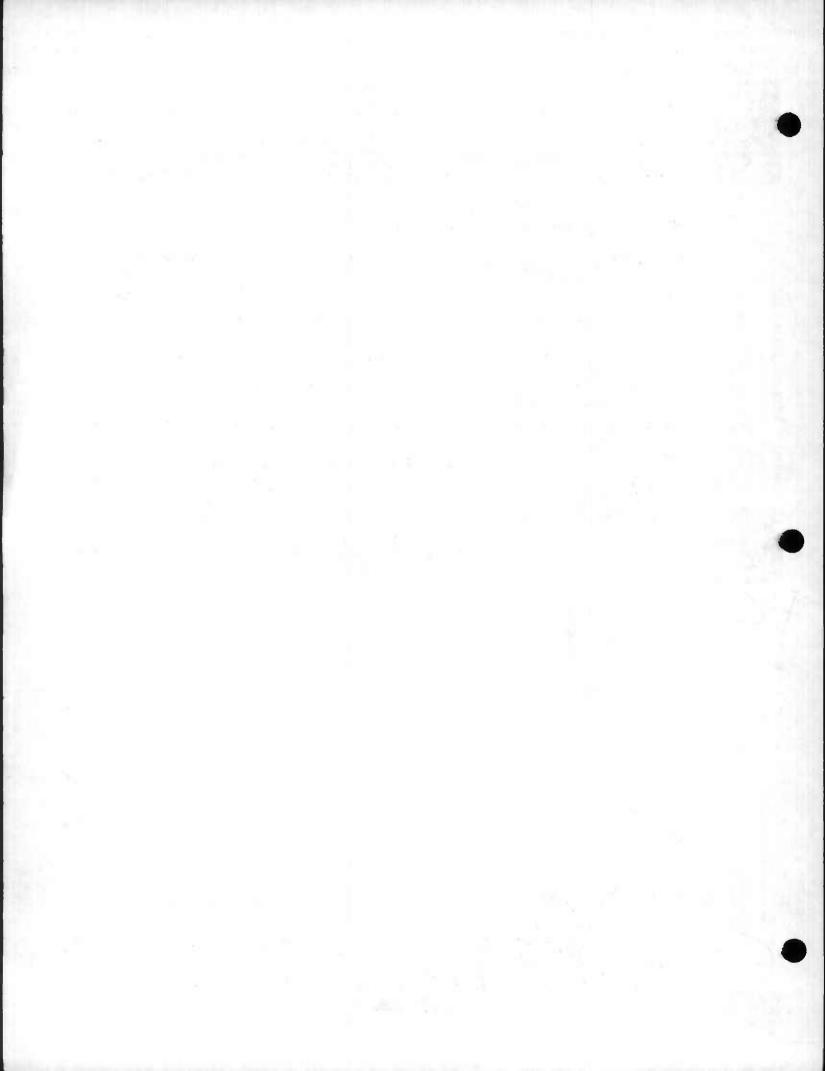
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		1 Decedente Name (Fine Adda to	antl		Cer	tificate of	Dealli	100: :-	Reg. No.		
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/Medic		DONNIE LEE MCGUT				1	41. Oh: Taur and	Febru		1998	9:20 a.m
Examin	er	4e. Facility Name (If not institution, g	ive straat and numb	er)			4b. City, Town, or L			ty of Death	
-	-	1025 Bush Road 5. Social Security Number 6.	Sex 7.	Age (In yrs. I	net hirthday	If Under 1 Yaar	Abingdon If Under 24 Hrs.			ford	
Funeral Director		219-92-0100 Usual Residence of Decedent	10XM OFF	9	Yrs.	Months Days	Hours Min.	8. Dete of B (Month, I Dec. 4	Dey, Year) 1, 1978	9. Binnp Coun Ohio	elece (Stete or Foreign etry) O
low iow		10a. Stele 10b. County		10c. City	, Town or Lo	cation			<u>-</u>	1	0d. Inside City Limits
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or 28	Funeral Director	10e. Streef and Number				10f. Zip Code			10g. Citizan o	f Whet Coun	ntry?
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12 should be filed within hend Mental Hyglene. 7 is marked other than traumatic event, the Ma	S	N/A	N/A		Disc	ibled			N/A		
tal H d oth	Be	17. Fether's Name (First, Middla, Las	ot)				18. Mother's Nam			ame)	
Mer Merke Merke	2	Unknown					Dawn An				
12 sh h end is m		19a. Informant's Neme/Relationship		to 11 - 12 - 13			and Number or Rui				Code)
l and lealt im 27		Jacquelyn G. Edw. 20a. Method of Disposition	aras (Granc			SUSH KC	oad, Abii		T -	009	
or of or		1 X Burial 2 ☐ Cremetion 3		te ce	emetary, crem	etory or other ple	,	Date	20c. Location		
t. Pe tmer tant:		4 Donaflon 5 Other (Spec		St.	Stanis	slaus Cer	netery 2	/16/98	Dundal	ck, Ma	ryland
permin. Peges 1 and 2 should be hied w Department of Health and Mental Hygier Important: If Item 27 is marked other It any injury or other traumatic event, the		St. Stanislaus Cemetery 2/16/98 Dundalk, Mar. 22. Name and Address of Facility Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21									
		23a. Part1. Enter tha disease, or conshock, or heart failure. List only	mplications that caus	sed tha deafh	. Do not ente	r fha mode of dylr	ng, such as cardiac	or respiratory	errest,	MD. Z	Approximate Interval Between
/Medical Examiner	iner	Immediate Ceuse (Final diseasa or condition resulting In death)	e. Musc		ystrox as e consequ						
physican IId	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that initiated events resulting in death) Last	с.		as e consequ						
_ CI - GI	Physician/Me		d								
he att	SICI	Part II. Other significent conditions	contributing to death	but nof rasu	Iting in the un	darlying cause giv	ren in Part I.	23b. Dic	d tobacco usa c	ontribute to	the cause of death?
signed by the attendir	by Phy							10	Yes 2 No	3 Prot	pably 4 ☐ Unknown
D 00	Completed b							24a. We	s en eutopsy formed?	cor	ere autopsy findings allabla prior fo mpletion of cause deeth?
s certificate has director, page 2	5							1□	Yes 2 No	1 🗆	Yas 20XNo
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hls o	2	1 X Yes 2 No	Hospitel: 1 ☐ Inpa		ER/Outpatient		4 LI Nuising ric	ome 5 💢 Res	sidenca 6 □0	ther (Specify	y)
ther	on:	27. Manner of Deeth 1 ☑ Netural 5 ☐ Pending	28e. Date of In (Month, I	njury De <i>y Year)</i>	28b. Time of Injury	28c. Injur Wor			how injury occu	urred	
or: A	cat	2 Accident Investigation 3 Suicide 6 Could not	,		N/A	M 1	Yas 2□No	N/A			
s efter of Direct of in by	Certification:	4 Homicide determine	289. Place of	Injury - At hor etc. (Specify)	me, farm, stre	et, factory, offica		28f. Location City or To N/A	(Street end Nun own, Stete)	nber or Rura	I Route Number,
	edicai	29a. Certifier (Check only one) 1 Certifying P 2 Medical Exa	hysician: To the beaminer: On the basis end manner	of examineti-	rledge, death on end/or invi	occurred et the tirestigation, In my o	ne, date and place, pinion, death occur	end due to the red et the time	e cause(s) end r , date and place	nanner es st , end due to	ated. the cause(s)
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2	-	30. Name and eddress of person who	completed cause of	-			•		160. 1	J, 175	70
		G. S. Prabhu M.D.					ir, MD.	01014	410-87	0 151	4
		J. J. FRADRA M.D.	. 210 111	これロバロ	AVENUO	BOY A	VA. WIII	711114	4 11 - X /	4-6561	4

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State of Maryland / Department of Health and Mental Hygiene

1. Decedent's Name (First, Middle, Last Marie E. Mulfing 4a. Facility Name (If not institution, giv. 9 Roll Park 5. Social Security Number 216-12-2173 Usual Residence of Decedent 10a. State 10b. County MD Anne Art 10e. Street and Number 9 Roll Park 11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced 15. Decedent's Expecify only highest grave Elementary/Secondary (0-12) 6 17. Father's Name (First, Middle, Last, William Shaffer	er restreet and number) Sex 7. Age I M 2 F 7. Age undel 12. Was Decedant E Armed Forces? 1	Mille:	wn or Location CSVI11e 10f. Z	Miller er 1 Yaar ff Undar 2 Days Hours	4 Hrs. 8. Date of E Min. (Month, L	Day ry 20, 1 ath 4c. County Anne	Year 998 5: y of Death Arunde] 9. Birthplace (Country) Mary 1 10d. In	Stata or Forei					
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6 17. Father's Name (First, Middle, Last,	College (1-4or 5+	1	(Give kind of w life. DO NOT	ork done during most (use retired)	of working								
	0	'	homema	ker		home							
William Shaffor)				's Name (First, Midd		ne)						
william pharter				Matile	da Tolle								
19a. informant's Name/Relationship (Type, Print)	19	b. Mailing Addres	ss (Street and Number	or Rural Route Num	ber, City or Town.	State, Zip Code	,)					
Robert Mulfinger	~ 600			View Avenue		inster, h							
20a. Method of Disposition	3011	20b. Place	of Disposition (No	ame of	Date	1	City or Town, S						
1 M Burlal 2 □ Cramation 3 □	Removal from State												
		Loudor	Park C	netery	2/23/98	Baltimo	ore, MD						
3620 Wilkens Avenue Baltimore, MD 21229 3a. Part1. Enter the disease or configurations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bet interval Bet													
3620 Wilkens Avenue Baltimore, MD 21229 The Part Enter the disease or computations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, and only one cause on each line. Appropria													
arrock, or neart latture. Tost only	one ceuse on each line).					Onse	val Between et and Death					
Immediate Cause (Final	in 1	l. h	Lu	Can	(1)		6	month					
resulting in death)	a. 110+0	1 Sta 11					,01	Marcial .					
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that initiated events	c												
resulting in death) Last	Ь	ue to (or as a	consequence of	:									
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Part II. Other significant conditions of	ontributing to death but	not resulting	In the underlying	causa given In Part i.	23b. Di	d tobacco usa co	ntributa to the o	auss of de					
					10	Yss 2□ No	3 Probably	4 Unkr					
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							of death?	1					
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25. Was case referred to medical examinar?	Administration of				of Death (Check only	one)							
1 ☐ Yes 2 No	1 LI Inpatient		utpetient 3 C	OA 4LINUIS	sing Home 5 Re	sidence 6 DOth	er (Specify)						
	28e. Date of Injury (Month, Day	Year) 28b.	Time of Injury	28c. Injury et Work?	28d. Describe	e how injury occur	red						
2 ☐ Accident Investigation			М	1 ☐ Yes 2 ☐ N	0								
4 Homicide determined	28e. Place of Injury	y - At home, f	arm, street, facto	ry, office			ber or Rural Rout	e Number,					
			_										
29a. Certifier Certifying Ph	ysician: To the best of	my knowledg	e, death occurred	at the time, date and	place, and due to th	e ceuse(s) and me	enner es stated.	auge(a)					
one)	and manner state	ed.	novor investigetto	n, in my opinion, death	occurred at the time	e, date and place,	and due to the c	ause(s)					
29b. Signature and little of cartifler	1/2		29	c. Licansa number		29d. Date signe	d (Month, Day,)	'ear)					
1 Linksum	very M)		DIRST	7	Fob	20 19	98					
30. Name and address of person who	completed cause of ries	ith (Item 23a)	(Type Print)			, – 0	- 1	10					
T. T. Marie	1/53	12	(1)			All .		-					
MILL 12 DELIN	11/5 9 91	1/1 / -	MINN	AVE BA	1757MM	75 M	1) 21	229					
F 2	1 Surial 2 Cramation 3 4 Donation 5 Other (Specification of the Company of the Co	1	21. Signature of Funeral Service Licensee 22. Part Enter the disease or computations that caused the death. Do ahock, or heart failure. His only one ceuse on each line. Immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a d	Sequentially list conditions, if any, leading to death) Last Louding in death Last	1	1 Mg Burial 2 Cramation 3 Chemoval from State 4 Condition 5 Comber (Specify) Loudon Park Cmetery 2/23/98	May buried 2 Corametion 3 Removal from State 4 Donation 5 Other (Specify)	Superior Comment Com					



				State of Marylan		tificate of			Reg. No.	00001	
	Physici /Medi	cal	Violini	OLAI DIS				2. Dete of De Month	16 91	Yeer 9:05 A	
	Examir	ner	4e. Fecility Neme (If not institution, give Union MEmoni)	or Hosp. Inc		,	Baltiner	re	Bait	rmone	
L	Funeral Director		5. Sociel Security Number 6. Se 212-48-7295 Usuel Residence of Decedent	7. Age (In yrs. i	est birthdey) Yrs.	Months Deys	Hours Min.	8. Dete of Bir (Month, De Feb. 2	8, 1948	9. Birthplace (State or Fore Country) Maryland	sign
-0020	permit. Pages 1 and 2 should be filled within 72 hours after deeth with the Maryland Department of Health end Mentel Hygiene. Inportant: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, The Medical Examination must be notified at once.	ed by Funeral Director	10a. Stete 10b. County Maryland N/A 10e. Street and Number 3564 Dudley Avenue 11. Maritel Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ever In U, Armed Forces? 1 Yes 2 X No It Yes, Give Yeer or Detes:	18e. Deced	10f. Zip Code 2121. Ves Decedent of H Yes, specify Cuba	lispenic Origin? (Sp an, Mexican, Puerto Specify:		Specify	e - American Indien, ck, White, etc.	
land 21215-0020	2 should be filed within 72 1 end Mentel Hygiene. 1s marked other than "ne reumetic event, pre Mede	To Be Completed	(Specify only highest grad Elementery/Secondery (0-12) 10 th Grade 17. Fether's Neme (First, Middle, Last) Joseph Anthony Po	e completed) College (1-4or 5+)	(Give i life. E	kind of work done OO NOT use retired maker	during most of work 18. Mother's Nem	e (First, Middle	Own 1	Home	
Baltimore, Maryland	permit. Pages 1 and 2 should be filed within Department of Health end Mentel Hygiene. Important: If item 27 is marked other than any injury or other traumatic event, The Mones.	T	19e. Informent's Name/Reletionship (Ty Byron C. Nikolaid) 20e. Method of Disposition 1 [X] Burial 2 Cremetion 3 GR 4 Donetion 5 Other (Specify) 21. Signeture of Funerel Service License	is (husband) temovel from State How	3564 lece of Disposementary, crem Ly Rose	Dudley A sition (Nome of setory or other plea try Cemes Name and Addre Chimunek	end Number or Aur Avenue, B ce) tery 2/ se of Fecility Functal	altimor Dete 18/98 Home In	er, City or Town, Le, Marys 20c. Location - Baltimos	State, Zip Code) land 21213 City or Town, State 1.e., Maryland	
Box 68760,	nding use as	an/Medical Examiner	23a. Pert1. Enter the disease, or complishock, or heert feiture. List only or limmediate Cause (Finel disease or condition resulting in deeth) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last	cations that caused the deeth re ceuse on each line. A CVD Due to (or Due t	. Do not ente	uence of):	ng, such es cardiec	Baccamo or respiratory e	nest,	Approximate Interval Between Onset and Deeth Minute.	
Records, P.O. B	aw requires s been sign 2 should be	Completed by Physician/M	Pert II. Other eignificant conditions cor	tributing to death but not resu	lting In the un	derlying cause giv	en in Pert i.	1 🗆	Yee 2 No en eutopsy	antribute to the cause of dea 3 Probably 4 Vijkn 24b. Were eutopsy tinding evellable prior to completion of cause of death?	own
Division of Vital R	ng Physician: The fier this certificate h uneral director, page	Certification: To Be Con	27. Menner of Deeth Neturel 5 Pending Investigation 3 Sulcide 6 Could not be determined	28e. Piece of Injury (Month, Dey Year) 28e. Piece of Injury - At ho building, etc. (Specify)	28c. Injur Wor M 1 □	y et k? Yes 2 No	28d. Describe 28f. Location (City or Total	dence 6 Oth- how Injury occurr Street and Numb	er or Rural Route Number,	
	To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A completely filled in by the free	Medical	29a. Certifier (Check only one) 2□ Medical Examit 29b. Signeture and title of certifier 30. Name and address of person who column of the c	mpleted cause of deeth (Item 2	23e) (Type, F	estigetion, in my o	pinion, deeth occur	red at the time,	dete end plece,	inner as stated. end due to the ceuse(s) d (Month, Dey, Year) 1 6 (1996)	rl

1823 098 Shi Ania Prince

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 98 05352

				Certificate of	Death	Re	g. No.					
Physician	1. Decedant's Nama (First, Middla, Last)					2. Data of Death Month	Day	Yaar	Tima of Death			
/Medical	William L.	Nelson				Februar	y 13,		:30 AM			
Examiner	4a Facility Nama (If not institution, giva		1.5		4b. City, Town, or Loc		4c. County		4.0			
	3802 Meghan Dri			nday) If Under 1 Year	Baltimore			Baltimo.				
Funeral Director	5. Social Security Number 217-03-2076 Usual Rasidance of Decedant	7. Age	(In yrs. last birtl	Months Days	Hours Min.	8. Data of Birth (Month, Day, NOV. 6,	1975	9. Birthplace Country Maryl	(Stata or Foreign and			
% m	10a. Stata 10b. County		10c. City, Town	or Location				10d. lr	nsida City Limits			
23a or 28a-f show ust be notified at ral Director	Maryland Baltimor	e		Baltimo	re			1	☐ Yas 2 No			
rec lrec	10e. Street and Number			10f. Zip Coda		10	g. Citizen of V	What Country?				
a de	3802 Meghan Dri	ve, Unit	1E	21236	i		U.S.	۸.				
Examiner in by Fune	3 ☐ Widowad 4 ☐ Divorced	12. Was Decedant E Armed Forces? 1 ☑ Yas 2 ☐ N If Yas, Giva Yaar or Datas:	o VW II	13. Was Dacedent of If Yas, specify Cut		city Yes or No- Ricen, atc.)		e - American Inck, Whita, atc.				
edical Exploration	15. Decedant's Edu (Specify only highast grade	cation	16a.	Decedant's Usual Occu	pation	100	16b. Kind of Bu	usinass/Industry				
iny Injury or other traumetic event, the Medical Ince. To Be Completed	Elementary/Secondary (0-12) 8th grade	Collaga (1-4or 5-	1	(Giva kind of work done lifa. DO NOT usa retire ricklayer	ed)		Constru	uction				
event. Be C	17. Father's Nama (First, Middla, Last)				18. Mothar's Nama	(First, Middla, N	faidan Suman	na)				
ToB	George H. Nel	son			Anna f	1. Doe	ler					
	19a. Informant's Name/Ralationship (Ty			Mailing Addrass (Stree								
i E	Kathryn Nelson	(wife)		02 Meghan I								
	20a. Mathod of Disposition 1 Mathod of Disposition 2 □ Cramation 3 □ R	amovel from State		Disposition (Nama of r, cramatory or other pla				City or Town,				
	4 □ Donation 5 □ Othar (Specify)		Garden	rs of Faith	Cem. 2	116/98	Baltimo	ore, Ma	ryland			
ouce.	1. Signature of Funaral Servica Licensea 22. Name and Addrass of Facility Schimunek Funeral Homes. Inc.											
9	1/1/1	11		9705 Roll	air Rd 1	Baltimon	e. MD	21236				
	9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.											
ian	Onsata											
cal	Immediata Causa (Final disaasa or condition	PNE	UMPN	14				2	WKS			
er	rasulting in death)		Dua to (or as a c					1				
line		DEN	ENT	A				Ye	saes			
Kam	Sequentially list conditions,		Dua to (or as a c									
E	Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disaasa or injury	2										
adical	that initiated avants rasulting in death) Last	Г	Dua to (or as a co	onsequanca of):								
- 5		d										
lan												
Physician/	Part II. Other significant conditions con	tributing to death bu	t not rasulting in	tha undarlying causa g	ivan in Part I.	23b. Did to		277	cause of death?			
	SEIZURE DI	SORTUR				1 □ Y	2 No	3 Probably	4 ☐ Unknow			
by Dy			_			04- 144	a automi	24h Wara a	utopsy findings			
Completed						24a. Was ar	nad?	availabi	a prior to tion of cause			
dr		-		,				of death				
						1□ Ya	s 2 No	1 □ Ya	s 2□ No			
8	25. Was casa rafarred to madicei axaminar?	lospitel:			26. Place of Death	(Check only on	a)					
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on	27. Mannar of Daath 1 Natural 5 ☐ Panding	28a. Data of Injury (Month, Day	Year) 28b. T	jury W	ork?	cou. Dasoride ho	w injury occur	180				
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ŧ	4 Homicida datarmined	28a. Place of Inju building, atc	ry - At homa, far . (Specify)	m, straat, factory, office	,	City or Town	n, Stata)	var or murai Mol	are reamber,			
edical Ce			axamination and	death occurred at the to								
completely filled in by the Medical Certifica	29b. Signatura and title of certifiar	a		29c. Licar	nsa number	2	9d. Data signe	d (Month, Day,	Year)			
	1 h/2. (")	elle 1	C-	T :	21136	t	ERQUA	AV 12 1	998			
-1	20 Name and address of access of	moleted source of de-	ath /Itam 22a) /	Tuna Print)	31136 IR RD.			اردا اد	. 1 .			
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Circ	31. Data filad (Month, Day, Year)	32 Registra		o i neck	, p- ~ .	2401/	more , w	4) -1				
State	Data mas (mornin, Day, roar)	ozar rogistia	. J Cigirardia		,							

State

Registrar

FEB 23 1998

Degree at might

State of Maryland / Department of Health and Mental Hygiene 38

3. Time of Death

9. Birthplace (State or Foreign Country)
Italy

Approximata Intarval Batwe Onsat and Death

10d. Insida City Limits 1 Yas 2 □ No

1:40 pm

									Cer	iiicai	e oi	Dealli	R	eg. No.		
	Т	Physici	an	1. Decedant's Nama (F		•							2. Data of Dea Month	th Day	Yeer	3. Time of Dea
		/Medic		Nicholas	s Mcci	nael Ol	acci	O					FEBRUA	RY 16	. 199	8 1:40
		Examir		4a. Facility Nama (If no	ot institution,	give street and nu	mber)					4b. City, Town, or L			y of Death	
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		Funeral	100	5. Social Security Num		S. Sax		In yrs. last bi		If Undar		If Undar 24 Hrs.	8. Data of Birth			place (State or Fo
		Director		213-12-612	20	10XM 2□ F		85	Yrs.	Months	Days	Hours Min.	Nov. 12	, 1912	Ita	ly
		D		Usuel Rasidence of De	ecedant											
		da Ma		10a. Stata 10	Ob. County		1	Oc. City, Tow	m or Loc	ation						10d. Insida City Li
S		r 28a-f ehow	Director	Maryland	N/A				Bal	timo.	re					1 X Yas 2□
2		# 22	9	10e. Street and Numbe	ar					10f. Zlp	Coda		1	0g. Citizan of	What Cou	ntry?
0/0		th with	al D	3235 Pel	Cham A	venue					2	21213		и	.S.A.	
Vichol		- dea	Funeral	11. Marital Status		12. Was Dad Armed F	edant Ev	ar in U,S.	13. W	as Deced	dant of I	Hispanic Origin? (Spean, Maxican, Puart	pecify Yas or No-		ice - Amari ack, Whita	can Indian,
0	0	or it		1 Navar Married	2 Married	d 1 🕅 Yas	2□No						Tribun, aren			
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0	P		Be	17. Fathar's Nama (Fin	st, Middla, La	ist)						18. Mothar's Nam	ne (First, Middle,	Maiden Suma	m <i>e)</i>	
	Maryland	should be nd Mental marked o	10 E	Michael	Olac	ccio						Libra	Migli	onica		
2	E.	bu m	.	19a. Informant's Name	/Ralationship	(Type, Print)		198	. Mailin	Addrass	(Stree	t and Number or Ru	ral Route Numbe	, City or Town	n, Stete, Zi	p Code)
acci	2	end 2 relth e		Michelle A	. Thr	ift (dau	ighte	er)	1104	Broo	admo	ore Ct.,	Bel Air	, MD	21014	
10	5	of Ha		20a. Mathod of Disposi				20b. Place o	f Dispos	ition (Nar	ne of	and a	Data	20c. Location	- City or T	own, State
0	Baltimor	Pega nent o int: If iry or		1X Burial 2 □ C 4 □ Donetion 5 [Stata						2/20/98	Baltim	ore.	Maryland
	Ħ	artmer ortant injury		21. Signature of Funar	al Sarvice Lic	censae						ass of Facility				
	Ö	Depa impo eny i		1//	11	//				Schir 9705	nune Bes	k Funeral	Homes,	Inc.	212	36
				23a. Part1. Entar tha c shock, or heart fa	diseasa, or co	omplications that	ausad th	a daath. Do	not anta	r tha mod	e of dyi	ng, such as cerdiac	or raspiratory arr	ast,	214	Approximata
				snock, or heart fa	ulura. List on	ily ona causa on a	aach lina.								i	Onsat and Deat

Physician /Medical **Examiner**

Immediata Causa (Final disease or condition rasulting in death)

Examiner the

physic Certification: To

Division of Vital Records, P.O. Box 68760

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Medical

Physician/Medical by Completed Be

State Registrar

29a. Certifier (Check only one)

Sequantially list conditions, if any, laading to immadiate cause. Entar Undarlying Cause (Disaasa or Injury that initiated evants rasulting In death) Last Dua to (or as a consequence of) ASCVD Dua to (or as a consaquance of): Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobecco use contribute to the cause of death? 3 □ Probably 4 ☑ Unknown 1 Yee 2 No 24b. Wara autopsy findings available prior to complation of ceusa of death? 24a. Was en eutopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No 25. Was case rafarred to medical axaminar? 26. Placa of Death (Check only one) Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No 1 Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datermined 3 ☐ Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, farm, streat, factory, office building, atc. (Specify) 4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the causa(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. 29b. Signature and title of certifiar 29c. Licansa number

D52197

29d. Data signed (Month, Day, Year) 02-17-98

30. Nama and eddress of person who complated causa of daath (Itam 23a) (Type, Print)

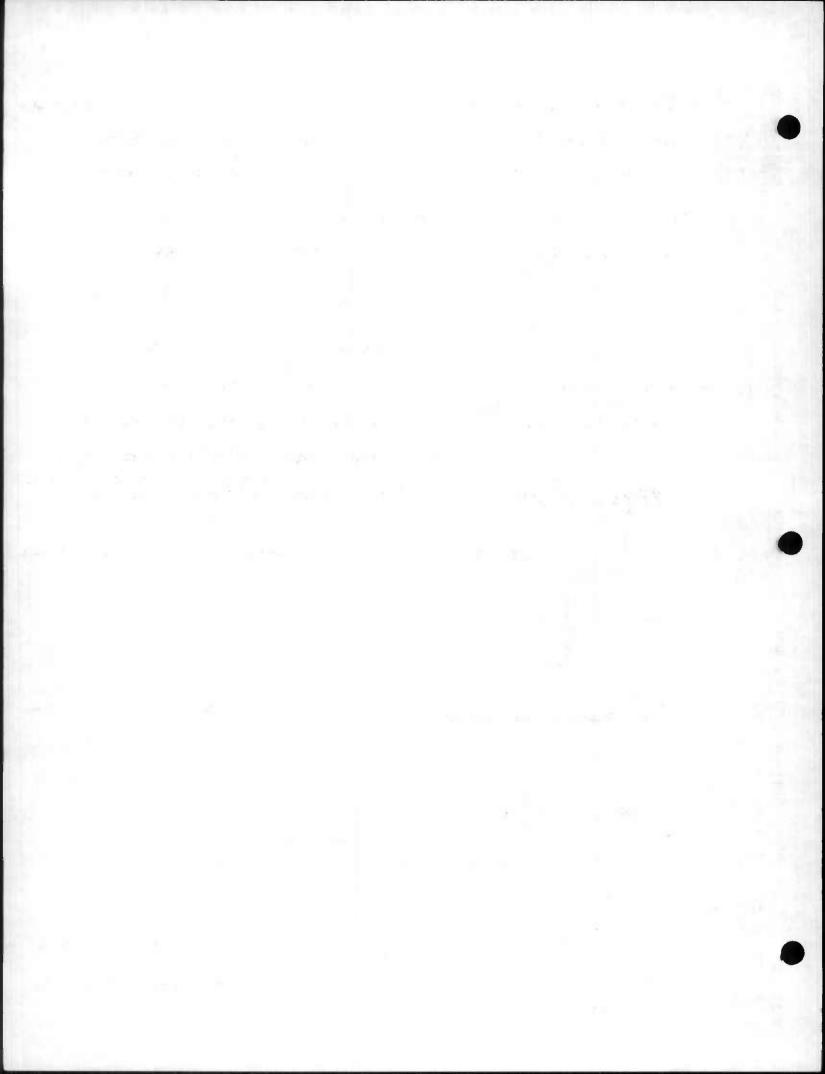
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MOTAGI 6701 N. CHARLES ST, BALTIMORE MD 21204 arma 31. Registrar's Signatura

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A Funeral Director	5. Sociei Security 215-64- Usuel Residence 10a. Stete MD 10e. Street end Ni 244 He 11. Marital Status	(If not institution, s HOPKIN Number 6 -7921 of Decedent 10b. County n/	SBAYV Sex 1 M 22 F	7. Age (In yrs.			4b. City, Town, or BALT	Month FEBRUA Location of Deet	h 4c. County	Yeer 1998 of Deeth	08:15A		
net Director	5. Sociei Security 215-64- Usuel Residence 10a. Stete MD 10e. Street end Ni 244 He 11. Marital Status	Number 6 -7921 of Decedent 10b. County n/	. Sex 1 □ M 2 1 F	7. Age (In yrs. 44	lest birthday)	If Under 1 Yeer		MORE	BAL	Time	TO NI /A		
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raiD	10e. Street end No. 244 Ho 11. Manital Status	umber	a		ty, Town or Lo	ocation				10	d. Inside City Limits		
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Funeral [11. Marital Status	elena A				10f. Zip Code			10g. Citizen of	Whet Count	ry?		
Fune			7				1222		USA				
eleal Exami		rrled 2 Married 4 □ Divorced	Armed Fo	2 X No		Was Decedent of H If Yes, specify Cuba 1 ☐ Yes 2 ☑ No	lispenic Origin? (: an, Mexican, Pue Specify:	Specify Yes or No rto Rican, etc.)	Bla	ce - Americe ck, White, e y: Whi	etc.		
ted	(50)	15. Decedent's	Education		16e. Dece	dent's Usuei Occup	pation	ark in a	16b. Kind of B	usiness/ind	ustry		
event, the Medical Be Completed	Elementery/Sec		College (I-4or 5+)	life.	DO NOT use retired	d)	nking	Facto	rv N	C		
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To Be		Winches	*					da Svez		110)			
L	19a. Informent's h	Name/Reletionship	(Type, Print)	nce	19b. Mailir	ng Address (Street	end Number or F	lure/ Route Numb	er, City or Town	, State, Zip i	Code)		
or other traumatic	Domini	c Svez	zese		408	S. Leh	nigh St	. Balti	imore,	1d. 2	1224		
a on	20a. Method of Di	sposition	□ Removel from	_ (cemetery, crer	osition (Neme of metory or other place	ce)	Dete	20c. Location				
a diameter		5 Other (Spe		Ho	oly Ro	osary Ce	emetery	2/25/98	Baltim	ore, N	Maryland		
any injury or once.	21. Signeture of F	uneral Service Lic	gnsee 1. Zonn	ide	22	2. Neme end Addre	ss of Fecility Jonkling S	y Joseph N. Zannino Jr. Funeral St. Baltimore, Maryland 2122					
ian ical iner ច	immediete Ceuse diseese or condit resulting in deeth)	(Final		TRUCT		er the mode of dying the STILL CT quence of):					intervel Between Onset end Deeth		
Examiner	Sequentielly list of if eny, leading to it ceuse. Enter Und Ceuse (Disease of	onditions, mmediate lerlying	b	Due to (d	or es e consec	quence of):				1			
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by Physic	Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. RICHT PLEURAL EFFUSION										the cause of death?		
leted								24e. Wes	en eutopsy ormed?	con	re eutopsy findings illeble prior to apletion of cause leeth?		
Сотр								10	Yes 2 No	10	Yes 2□ No		
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by the funeral	1 Neturel 2 Accident	5 Pending investigat	(Mon	th, Dey Year)	injury		rk? Yes 2 □ No						
- <u>F</u>	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	be 28e. Place buildi	of Injury - At hong, etc. (Specif	ome, farm, str	reet, factory, office		28f. Location (City or To	Street end Numi wn, State)	ber or Rurel	Route Number,		
edicai	29a. Certifier (Check only one)	Certifying i	aminer: On the ba	best of my kno asis of examine ner steted.	wledge, death	n occurred et the tin vestigetion, In my o	me, date end plec pinlon, death occ	e, end due to the urred et the time,	ceuse(s) end m dete and plece,	enner es ste end due to	eted. the ceuse(s)		
E com	29b. Signature and	d title of ceptilier	200	O PART	rera	29c. Licens	e number		29d. Dete signe	ed (Month, D	ley, Year)		
	P Qu	W// WA	THE		ND-PH	D 970	024	1	FEBRUAY	24 23	1998		
	30. Name end edd		o completed caus						473		D. 21224		

DHMH 16 Rav 6/95



1 ☐ Yas 2 ☐ No

20b. Place of Disposition (Nama of camatary, cramatory or other place)

16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired)

Dir. of Program Evaluation

State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day Month Yaar 1998 MICHAEL LA MAR PEARCE FEB 6:59 AM 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death NATIONAL NAVAL MEDICAL CENTER **BETHESDA** MONTGOMERY | H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) 1946 | Hours | Min. | February 15 6. Sax 7. Aga (In yrs. last birthday) 9. Birthplaca (Stata or Foreign 1☐M 2□ F Nevada Yrs. 52 10c. City, Town or Location 10d. inside City Limits 1 ☐ Yas 2 ☑ No Fairfax Alexandria 10f. Zip Coda 10g. Citizan of What Country? 22310 USA 5793 Westchester Street 12. Was Decedant Evar in U,S. Armed Forcas? 1 [X/yas 2 □ No If Yas, Giva Yaar or Datas: 68-84 Was Decedant of Hispanic Origin? (Specity Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 ☐ Navar Marriad 2 X Married

Specify:

5793 Westchester St. Alex. VA

Arlington National Cem Feb 25 1998

Funeral Director

Physiclan

/Medical

Examiner

5. Social Sacurity Number

227-62-3463 Usual Rasidance of Decedent

10e. Street and Number

3 ☐ Widowed 4 ☐ Divorced

Elementary/Secondary (0-12)

LeMar Pearce

20a, Mathod of Disposition

27. Mannar of Death

1 Natural

2 Accident 3 Suicide

4 I Homicide

29b. Signature and title of certifier

29a. Certifian (Check only

17. Father's Nama (First, Middla, Last)

Susan Tomasovic

19a. informant's Name/Ralationship (Type, Print)

10b. County

15. Decedent's Education (Specify only highast grada completed)

1 ▼ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify)

Coilega (1-4or 5+) 5+

10a. Stata

VA

Director

Funeral

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Completed

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the Maryland item 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at death with

should be filed within 72 hours after on Mental Hygiena.
merked other than "natural", or ite Baitimore, Maryland 21215-0020 permit. Peges 1 and 2 should be file Department of Health end Mental Hy important: If item 27 is marked other any injury or other traumatic event,

Physician /Medical Examiner

Examiner Records, P.O. Box 68760. attending physical Physician/Medical eq. 80 signed by the a à page 2 should Completed peed hes certificate Division of Vital Be this After

the Hospital or Attending Physician: hin 24 hours efter death. Certification: s efter death.
I Director: Aft
of in by the fur

To the Hospital within 24 hours a To the Funeral C completely filled Medical

21. Signatura of Funaral Sarvice Licensea 22. Nama and Addrass of Facility Everly-Wheatley Funeral Home Klass J. 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Causa (Final METASTATIC CANCER disease or condition resulting in death) Dua to (or as a consequance of): Sequentially list conditions, if any, leading to immadiata cause. Enter Undarlying Cause (Diseasa or injury that initiated evants rasulting in daath) Last Dua to (or as a consequence of): Dua to (or as a consaquanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

25. Was casa rafarred to medical 1 ☐ Yas 2 No

1 Yas 2 □ No 26. Place of Death (Check only ona) Hospital: 1 ₺ inpatlant 2 □ ER/Outpatient 3 □ DOA Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. injury at Work? 28d. Dascribe how Injury occurred 1 ☐ Yas 2 ☐ No 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

8 Could not be datamined 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify)

A Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Licansa number

194374-1 (NY)

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

5 Panding Invastigation

NATIONAL NAVAL MEDICAL CENTER BETHESDA MD 20889-5600

24a. Was an autopsy performed?

State Registrar

PAUL D. KANE, LTCDR, MC USN
31. Data filed (Month, Day, Year)
FEB 2 3 1998
32. Rag Trace Signatura
FEB 2 3 1998 Julia Davidson-Randole

DHMH 16 Rev 6/95

29d. Data signed (Month, Day, Year)

Specify:

18. Mothar's Nama (First, Middle, Maiden Sumama)

Eva Easton

19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda)

16b. Kind of Business/Industry

Dept of Defense

20c. Location - City or Town, State

Arlington, VA

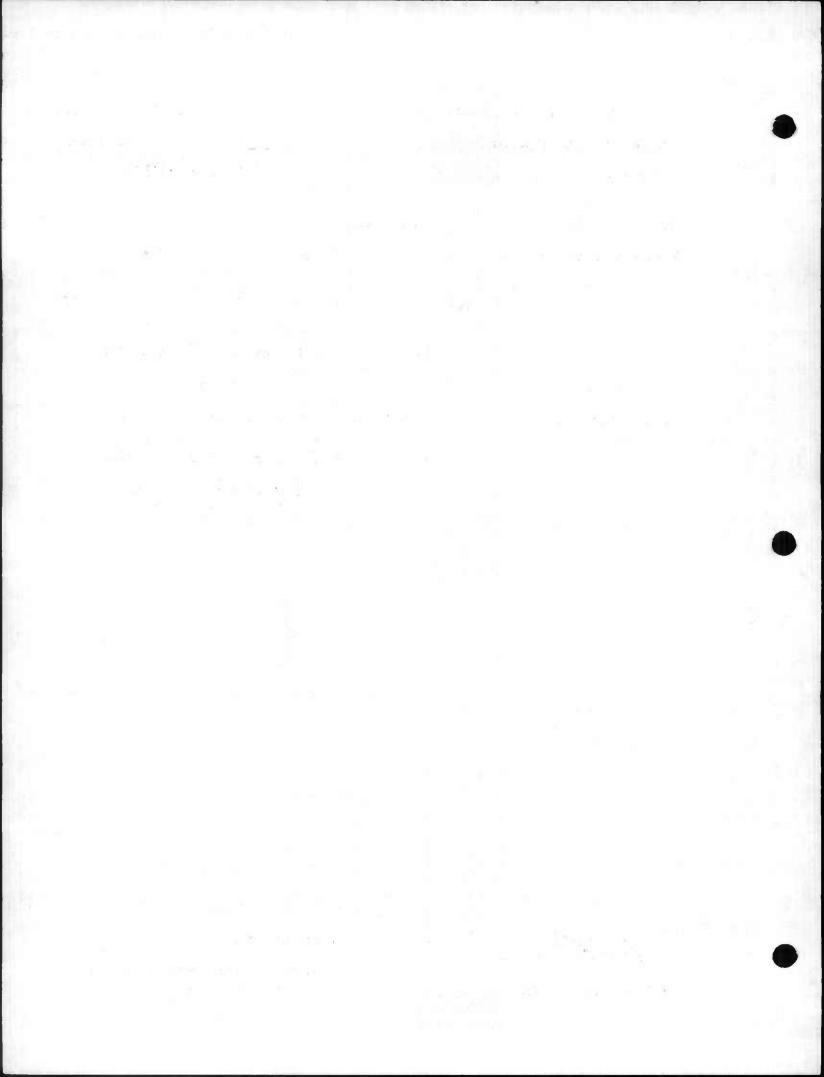
Approximata Intarval Between Onsat and Death

24b. Wara autopsy findings available prior to

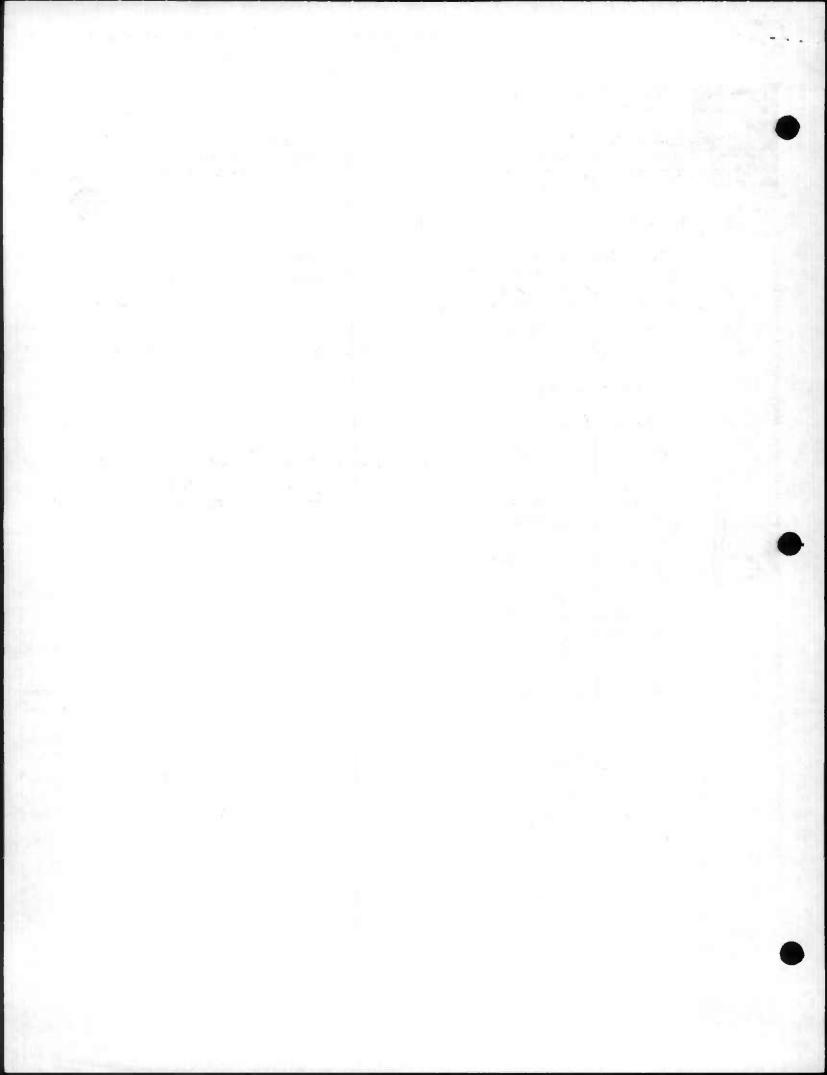
complation of cause of death?

1 ☐ Yas 2 No

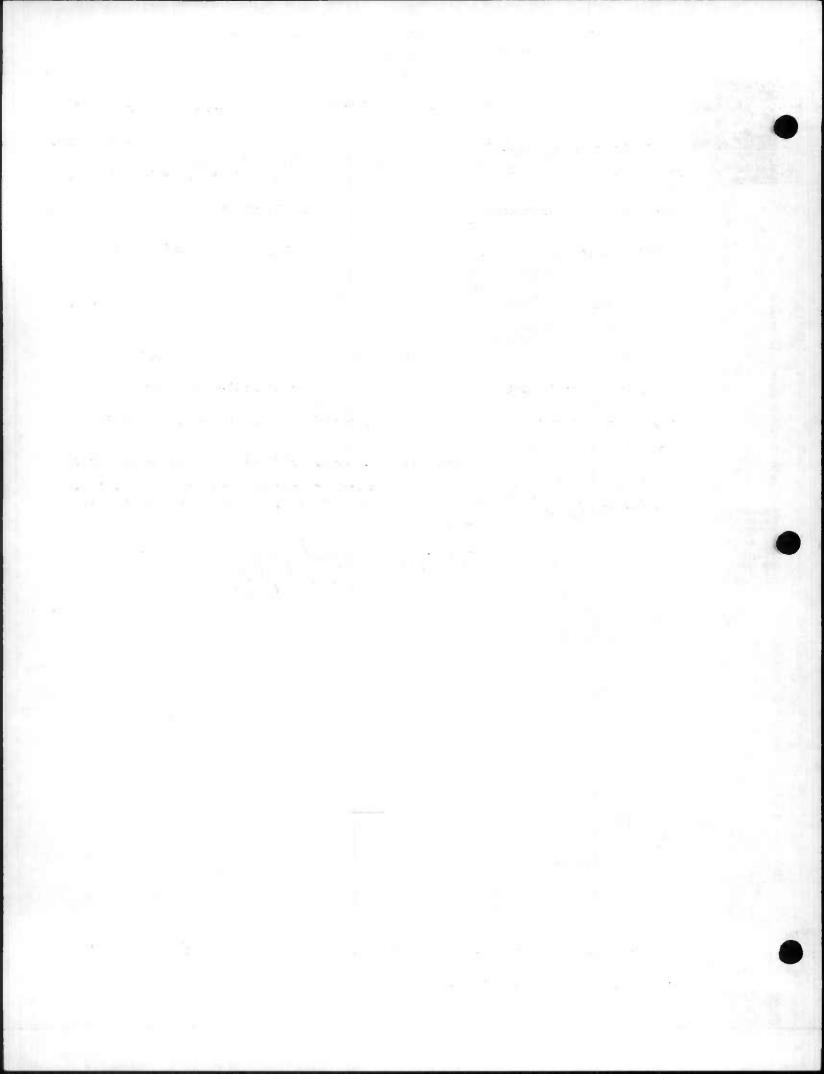
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20 per i		G-756 2/23/98 dh I. Decedant's Nama (First, Middla, Lasi	1)		Cei	uncale	of Death	2. Data of D	Reg. No.	3.	Tima of Death
Physician /Medical		Lawrence J.	Pop		ir.			February February		Year 1998	1:00 pm
Examiner	1	la. Facility Nama (If not institution, giva 2304 229 th Street		er)				or Location of Deal			-1-1
uneral		5. Social Security Number 6. Sa	x 7.	Aga (In yrs.	last birthday)	If Undar 1	Yaar If Undar 24	Hrs. 8. Data of Bi	nth An	100	(Stata or Foraign
rector		LI 03 4164 '	ØM 2□F	{	32 Yrs.	Months [Pays Hours N	din. Dctober	8 1915		Maryland
A 11	-	Usual Rasidance of Decedent 10a. Stata 10b. County		10c. Ci	ty, Town or Lo	cation				10d. l	nside City Limits
tor		Maryland			BAlti	more				1	ZYas 2□No
Direc		Oe. Street and Number				10f. Zip Co			10g. Citizen of V	What Country?	
erai		572L NASCO PIA	12. Was Daced	ent Ever in I	16 1421	Man Decades	21239	2 (Passite Van as N	14 Peo	DSA American fr	dian
by Funeral Director		Marital Status Naver Married 2 Marriad Widowed 4 Divorced	Armed Force 1 Yas 2 If Yas, Giva Yaar or Date	as? □ No	1	f Yas, specify	t of Hispanic Origin Cuban, Maxicen, Pi No <i>Specify</i> :	uarto Ricen, atc.)	Specify	e - Amarican frok, Whita, atc.	iciati,
ted ba	-	15. Decedant's Edu	cetion		16a. Daced	dent's Usual C	Occupation	Character .	16b. Kind of Bu	usinass/Industr	у
Tr. the Medical	-	(Specify only highast grad	College (1-4	or 5+)			dona during most of ratired)	Working	Flack	rical	
F S		17. Fathar's Nama (First, Middla, Last)			She	et Meta		Nama (First, Middle			
To Be	1		990				To. Modia	Marie	Bryne	, u,	
T		19a. Informant's Name/Ralationship (7)	rpe, Print)		19b. Mailir	ng Addrass (S	treet and Number o	r Rural Routa Numb		Stata, Zip Cod	le)
any injury or other traumatic event, the Medical Examinar must be notified at once. To Be Completed by Funeral Director	_	Lelia Popp		l l = avii .	572		SCO Place	Baltimore	, Maryla		1239
6	2	20a. Mathod of Disposition 1 Burial 2 □ Cramation 3 □ F		ata	Piace of Dispo cematary, crar	natory or otha	r place)	February	20c. Location -		
injury injury	-	4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licens		Mo	reland	Memori Nama and		9 1998		le, Ma	ryland
any is		1 Trus n 1	L			22. Nama and Address of Facility EVAMS Chapel of Memorits 8800 Harford RJ Baltimore Md. 21234					01011
	1	23a. Part1. Enter the disease, or compi shock, or heart failure. List only o	lications that cau	sad tha daa	th. Do not ant	ar tha moda c				App	proximata rval Batween
etached for use as the buriel-transit Physician/Medical Examiner		Saquantially list conditions, if any, leading to immadiate acuse. Entar Undartyling Ceusa (Disease or injury that initiated avants asulting in death) Last	a. Ne b	Dua to (or as a consactor as a consector as	uance of):					
sicis	F	Part II. Other algnificant conditions con	ntributing to deat	h but not ras	ulting in the u	ndarlying ceus	sa givan in Part I.	23b. Did	tobacco usa co	ntributs to the	causa of death
								1	Yss 2□ No	3 Probably	4 th Unknow
should be eted by	-							24a. Was	s en eutopsy omed?	availab	utopsy findings la prior to tion of ceusa n?
page 2								10	Yas 2 No	1 □ Ya	s 2 No
Be Be	2	25. Was cesa rafarred to medical axaminar?	fospital:					Death (Check only	-	ďa	aughter-in
		1 ☐ Yas 2 ☑ No 7. Mannar of Death	1 ☐ Inp 28a. Data of (Month,		ER/Outpatier 28b. Tima of		Injury at Work?	ng Homa 5 Phos 28d. Dascribe	how Injury occur	ar (Specify)	ws home
the funer		1 Natural 5 □ Panding invastigation	(Month,	Day Year)	Injury	М	Work? 1 ☐ Yas 2 ☐ No				
E 6		3 ☐ Suicida 6 ☐ Could not be datarmined	28a. Place of building	Injury - At h atc. (Special	ome, farm, str	aat, factory, o	ffice	28f. Location City or To	(Street and Numb own, Stata)	par or Rural Ro	uta Number,
completely filled in by the		29a. Certifiar Certifying Physical Check only 2 Medical Exami	ner: On tha basi	s of axamina	wledga, death	occurred at t	he time, deta and pi	lace, and dua to the	causa(s) end me	enner es stated and dua to the	cause(s)
Med	2	one) 29b. Signatura and titla of certifiar	and manna	steted.			icansa number		29d. Data signa		
5	1) maria +	1 -	20 - 0	15		0809	2,	710	100	,
	3	0. Nema end address of person who co	ompleted causa	of death (Iter	n 23e) (Type,	Print)	Brehms L		43,	770	
		Marquerite Mora	m M.D	*	3	400	Brehms L	n. BAI	timore	Md.	
State	3	11. Deta filed (Month, Day, Year) FFR 2.3.199	32. Reg	strar's Sign	nture 5/2						

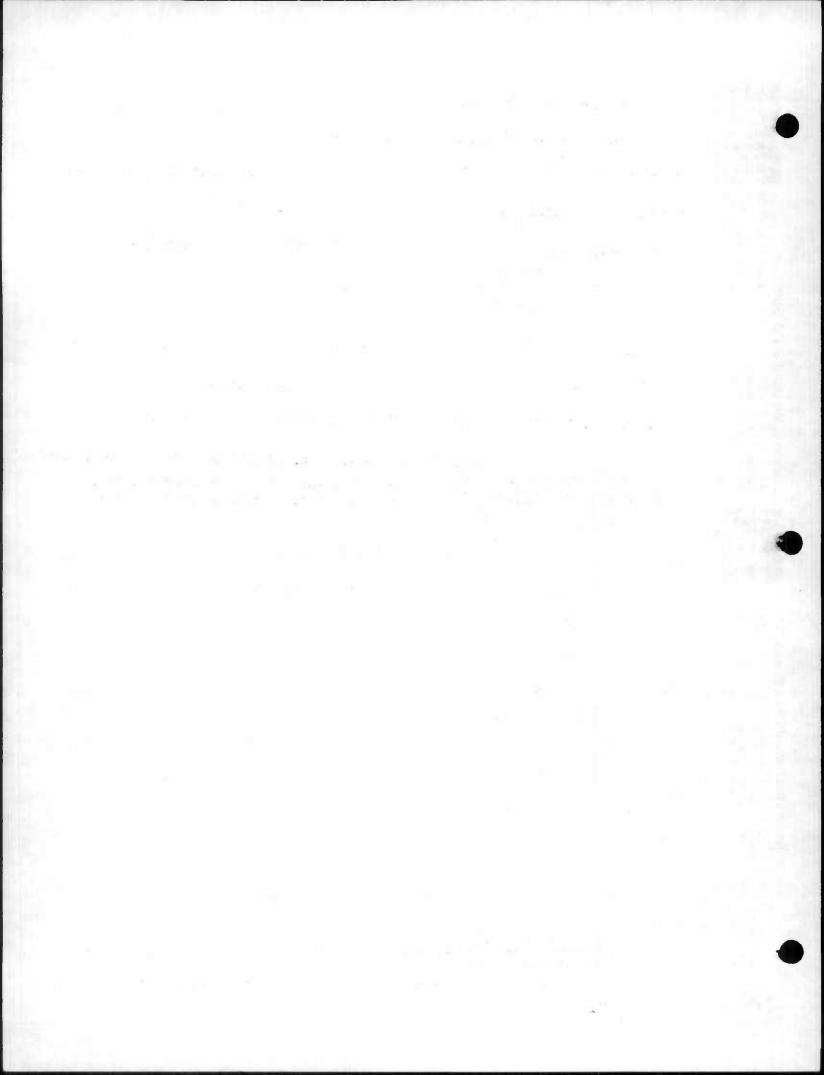


	I	ter	n #26 per Phy G756	State of Maryl		artment of I <i>rtificate of</i>		500	ene 98	05	357
	Physici	ian	1. Decedant's Nama (First, Middla, La	st)	Patricia	a Pruett	:	2. Data of Daath Month Februar	Dey	Yeer	7:00 AM
	/Medi Examir		4e. Fecility Nama (If not institution, giv				4b. City, Town, or I	ocation of Death	4c. County		e Co
ı	Funeral Director		212-30-2321	Apt. F ex 7. Age (In)	vrs. last birthday) Yrs.	If Undar 1 Yaar Months Deys		8. Data of Birth (Month, Day,) June 5,	(ear)		(Stata or Foreign
	Meryland a-f show	tor	Usuat Residence of Decedant 10a. Stata 10b. County Maryland B	altimore 10c.	City, Town or Lo	ocation	Middle	River			Inside City Limits
	ith with the 23e or 284	rai Director	10e. Street and Number 9815 Langs Roa	d Apt. F		10f. Zip Code	21220		g. Citizan of W United		
020	within 72 hours efter death with the Meryland ene. than "natural", or items 23s or 28s-f show ta Medical Examiner must be notified at	by Funeral	11. Maritel Status 1 ☐ Naver Merried 2 ☐ Married 3 ☐ Widowed 4 ◯ viorced	12. Was Dacedent Ever in Armed Forcas? 1 ☐ Yes 2 [X]No If Yas, Giva Yaar or Datas:		Was Dacedant of I If Yas, specify Cub 1 □ Yas 2 ☒ No	Hispenic Orlgin? (S en, Maxicen, Puart Specify:	pacify Yas or No- o Rican, etc.)		- American I k, Whita, atc. Wh	ite
21215-0020	within 72 hours ane. than "natural", in Medical Exa	Completed	15. Dacedant's Ec (Specify only highest gra Elamantary/Secondary (0-12)	de complated) Collega (1-4or 5+)	(Give		pation during most of world)	16 king	Sb. Kind of Bu	sinass/Indust	ry
Maryland 2	ges 1 and 2 should be filed within 72 hc tt of Heelih and Mental Hygiene. If item 27 is markad other than "natur or other traumatic event, If a Medical	To Be Co	12 Years 17. Fathar's Nama (First, Middla, Last) William Henry F		DIS	abled		na <i>(First, Middl</i> a, <i>Ma</i> Miller Ma		а)	
	i 1 end 2 sho Heelth and I tem 27 is me other traume		19a. Informant's Name/Retationship (1 Son/ Robert Lee 20a. Mathod of Disposition	Pruett	31 1	B Glenwoo	od Road	ral Routa Number, o		21221	
Baltlmore,	artmen ortant: fnjury		1 Buriel 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specification of Funeral Service Location of Funeral Service L) B	el Air	. Nama end Addra	5. 2/6/19	98	Bel Ai	r, Mar	yland
B	parmi Depar Impor any fr		23a. Párt1. Enter tha disaese, of con- shock, or haart failura. List only	plications that caused the d	sath. Do not ant	7922 Wis	se Ave.	1 Home of Dundalk, or raspiratory arras	Maryla	nd 21	.C • 222 proximata ervel Batween
	Physician /Medical Examiner)r	Immadiata Causa (Final disaasa or condition rasulting in daath)	. 8	en en en en en en en en en en en en en e	re les) des		On	sat and Death
68760,	death certificate be executed e ettending physicad and nd for use as the burgal-transit	ai Examiner	Sequantially tist conditions, if eny, laading to immediata ceuse. Entar Underlying Causa (Disaasa or injury that initiated avants	b. Dua to	o (or as a consac	quance of):	TCU	<i>y</i>			
Box 687	eath certificate ettending phys if for use es the	an/Medical	rasulting in death) Last	Dua to	o (or as a conseq	uance of):					
s, P.O. E	requires thet the dea seen signed by the et hould be deteched fo	by Physician/M	Part II. Other eignificant conditiona co	ontributing to death but not	rasulting In tha u	nderlying causa gi	van in Part I.	23b. Did tob	10		o causa of death?
Records	2 s	Completed b						24a. Was en performe		availat	autopsy findings ola prior to ation of cause th?
Vital F	ate pag	Be	25. Was cesa rafarrad to medicet axaminar?			0 1-		1 ☐ Yas	210 No	1 □ Ya	as 2 No
of	g Phys er this eral di	n: To	27. Mannar of Death	Hospital: 1 Inpatiant 2 28a. Data of Injury (Month, Day Year	2 ER/Outpatian	NOOT DON		oma 5 2 Rasidan 28d. Dascribe how			
Division	To the Hospital or Attending within 24 hours efter death. To the Funeral Director: After completely filled in by the fune	Certification:	1 A Natural 5 Panding invastigation 3 Sulcida 4 Homicida 5 Could not be datarmined		t homa, farm, str	M 1	Yas 2□No	28f. Location (Stra City or Town,	et and Numbe Stata)	er or Rural Ro	outa Number,
	e Hospital 24 hours Euneral	edical C	29a. Certifiar (Check only one) Cartifying Phyone) Cartifying Phyone 2 Medical Example (Check only one)	yalclan: To tha best of my lilnar: On the basis of axam and mannar stated.	knowladga, daath ination and/or inv	n occurred at tha ti vastigation, in my o	ma, data and place opinion, daath occu	, and dua to the cau rrad at the time, dat	sa(s) and mar a end place, e	nnar as statee nd due to tha	d. ceusa(s)
	To the within To the comp	M	29b. Signature and titla of certifiar	Nem	lo a	29c. Licens	se number 9631	290	Data signed	(Month, Day	
	3		30. Nama and addrass of person who	complated ceusa of death (I	tam 23a) (Type,	Frint) 805 Bal	Fuselage timore, N	Road Maryland	21221		
	Sta	te	31. Dete filad (Month, Day, Year)	32. Register, Si	Dauxdon-	Pandelle.					



State of Maryland / Department of Health and Mental Hygiene 98 05358

					Cer	tificate of	Death		Reg. No.	U	0338	
Dhysisia		1. Decedent's Name (First, Middle, La						2. Date of Month		Yeer	3. Tima of Deeth	
Physicia /Medic		ANGELO 1	n. Peksil	341				FEDRUA		1998	0535	
Examin	_	4e. Facility Name (If not institution, gi		8.4			71	n, or Location of De		y of Deeth		
	_	Johns Hope	CINS BAYV	iew M	adria	1 Center	BALT	image City	I.	I/A		
Funeral Director		192-18-3670	Sax 7. Ag 1⊠ M 2□ F	ge (In yrs. lest b 74	oirthday) Yrs.	if Undar 1 Year Months Days	If Under 24 Hours	Hrs. 8. Dete of (Month, May 2.	Birth Dey, Year) 3,1923	Coun	elece (State or Foreign etry) Sylvania	
Aerylend I show	o	Usuel Residence of Decedent 10a. Steta 10b. County 10c. City, Town or Location During 10c. City Town or Location 10c. City Town					Dundalk	dalk 10d. Inside City				
the h	Director	10e. Street end Number		10f. Zip Code 21222				10a Citizen of	Citizen of What Country?			
ath with		3307 Dundalk Ave						United	Stat	:és		
within 72 hours effer death with the Meryland jene. than "natural", or items 23s or 28s-f show the Medical Examiner must be mutified at	by Funerai	11. Marital Status 1 Nevar Marrled 25 Marrled 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forcas? 1 □ Yas 2 ☑ No If Yes, Give Yaar or Dates:		13. Was Decedent of Hispanic Origin? (Spif Yas, specify Cuben, Mexican, Puarto 1 ☐ Yes 2 ☐ No Specify:			n? (Specify Yas or Puarto Rican, etc.)		14. Raca - American Indien, Bleck, White, etc. Specify: White		
72 hc	eted	15. Decedent's E	15. Decedent's Education (Spacify only highest grade completed)		16a. Decedent's Usual Occupation (Give kind of work done during most of work life. DO NOT use retired)			of working	16b. Kind of B	16b. Kind of Business/Industry		
i within jiene. r than "	Completed	Elemantary/Secondary (0-12) 11 Years	antary/Secondary (0-12) Collaga (1-4or 5+)			ONOT use retire lwright	Working	Steel		ndustry		
= +	BeC	17. Fether's Neme (First, Middle, Last) 18. Mother					18. Mother's	Neme (First, Middle, Maiden Sumeme)				
0 0 0	Lo	Carlo Persiani		Erma				ma Galbu	Galburisi			
		19e. Informant's Name/Relationship Mrs. Rita L. Pe:	•				g Address (Street end Number or Rural Route Number) Dundalk Avenue Dunda			er, City or Town, State, Zip Code) alk, Maryland 21222		
of Health e item 27 is other tree	1	20a. Mathod of Disposition		20b. Pleca	of Dispos	ition (Name of etory or other ple	ce)	Dete	20c. Location	- City or To	own, State	
Pages nent of h int: if ite ury or of		1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci			-			2/21/1998	Middle	e Rive	er, Maryl	
permit. Pages Depertment of Important: If it eny injury or o		4 Donation 5 Other (Specify) Holly Hill Mem. Gdns. 2/21/1998 Middle River, Mary 21. Signeture of Fine a Service License 22. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Ave. Dundalk, Maryland 21222										
Physician		23a. Pert1. Enter the disease, or complications that new of the death. Do not enter the mode of dying, such as cardiec or respiretory shock, or heer fellure. List only one cause on each line. Immediate Cause (Final disease or condition rasulting in death)								Approximeta Intervel Between Onsat and Deeth		
/Medical										1 day		
10	ē	Due to (or es a consequence of):								ł		
become uted	Examiner	Sequantially list conditions, if any, leading to Immediate	b. Petastahic Rectal Lancer 1 year Due to (or es e consequenca of):									
physicians the buria	Medical E	Sequantially list conditions, if any, leading to Immadiate cause. Enter Undartying Ceuse (Disease or Injury thet initiated avants resulting in death) Lest	c	Dua to (or as e consequence of):								
nding use ea		d. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							_	1		
that the death ed by the ette detached for	Physician/							23b. D	23b. Did tobacco use contribute to the cause of dear			
	by Ph				1				Yes 2 No 3 Probably 4 Unknow			
	Completed								es en eutopsy enformed?	COL	era eutopsy findings allable prior to mpletion of causa deeth?	
The la	5							1[☐ Yes 2XNo	10	Yes 2□ No	
ysician: The s certificate director, per	Be	examiner/ .						f Deeth (Check on	oth (Check only one)			
Physician: this certific	0	1 ☐ Yes 2 No	Hospitel: 1 Inpatie		Outpetient	3LI DOM		ing Homa 5□ Re	asidanca 6 🗆 Ott	er (Specify	y)	
ding P. h. After t funera	0	27. Manner of Death 1. Natural 5 □ Pending	28a. Dete of Inju (Month, De	ry y Year) 28b.	Time of injury	28c. inju Wo			be how injury occur	red		
To the Hospital or Attending I within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funer	Certification:	2 Accident investigatio 3 Suicide 6 Could not be 4 Homicide determined	One Discontinuous Alberta (and the state of						Route Number,			
y fill	edical C									leted. tha causa(s)		
To the Ho within 24 To the Fu completel		29b. Signatura and title of certifiar	^			29c. Licans	sa number	-	29d. Date signe	d (Month, i	Dey, Year)	
,~	-	30. Name and eddrass of parson who completed causa of death (Item 23e) (Type, Print)							February 17, 1998 is Beynen Medien Center			
10		RANDOLPH BAKER				-	ey I	has Hopkins	Beynen	Medica	n center	
Stat Registra	-	31. Dete filed (Month, Day, Yeer) FEB 2 3 19	32. Regisja	ar's Signatura	n-Par	of Svage	,	*	· ·			



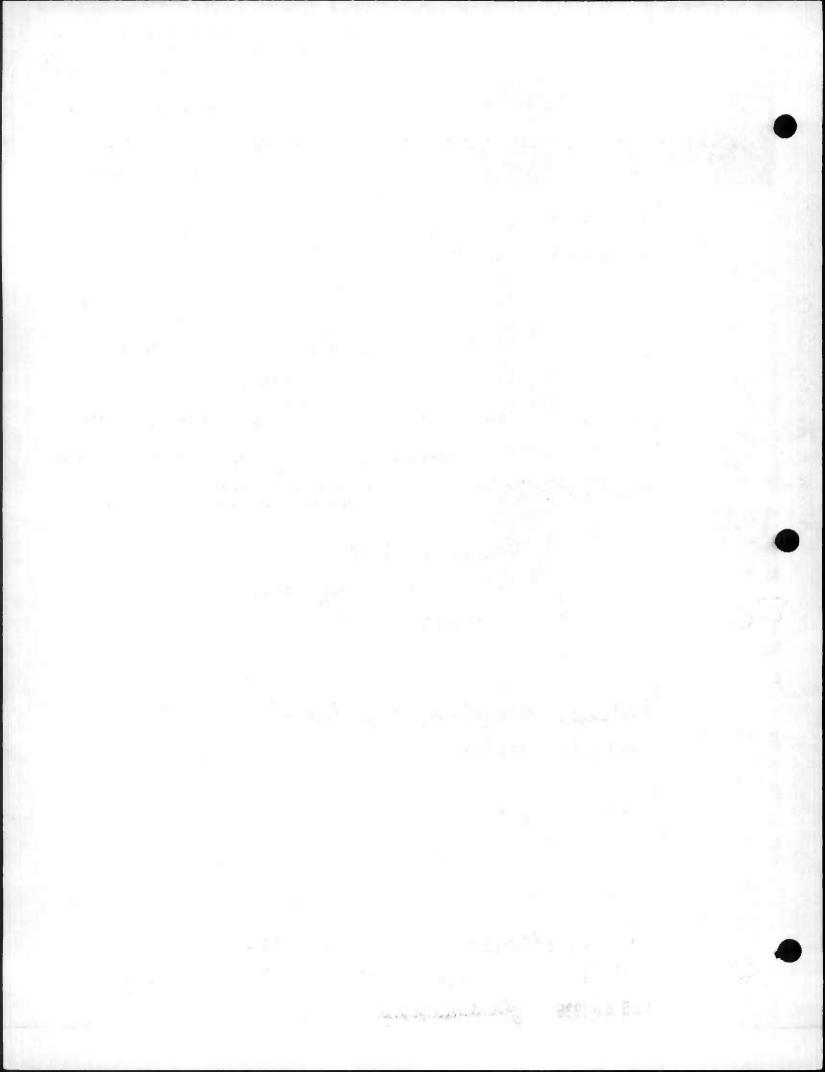
				State of M	laryland		rtment of l	Health and Machinery Death		giene 9 {	05359		
			Decedent's Neme (First, Middla, Last)						2. Dete of Death 3. Time of De				
	Physic		Catherine Doris Reese						Month Day Year FEBRUARY 18,1998 4:45P				
	/Medi							4b. City, Town, or L	EBRUAR City, Town, or Location of Deeth				
Exami		ner	GREATER BALTIMORE MEDICAL CENTER							BALTIMORE			
-					ge (In yrs. les		If Undar 1 Yaar	TOWSON If Undar 24 Hrs.	8. Dete of Bir	_			
	Funeral Director		214-18-5575	75	Yrs. Months Days Hours Mir			Sept. 2	7 1022	9. Birthplace (State or Foreign Country) Maryland			
		Usuel Residence of Decedent						Sept. L	2,1722	Mucganu			
Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, ire Medical Examine must be inclifted at poince.		10e. State 10b. County	Town or Loc	ation				10d. Inside City Limits					
	Mar	tor	Maryland Balti			Balt	imore			1 ☐ Yas 2 X No			
	28s	100	10e. Street end Number				10f. Zip Code		1	10g. Citizen of	Whet Country?		
	3a o	0	8800 Walther Blvd., Apt. 350			01 21234					U.S.A.		
	Funeral Director	11. Maritel Status	12. Wes Deceden	2. Wes Decedent Ever in U,S. 13. \		es Decedent of	Hispenic Origin? (Spoen, Mexican, Puerto	pecify Yes or No	- 14. Ra	14. Raca - Amarican Indien,			
	r te	Ē	1 ☐ Naver Married 2 Merrie		ac all No				Rican, etc.)	Bie	ck, White, etc.		
	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Detes:		1	□ Yes 2 🛣 No	Yes 2 No Specify:			y: White			
	2 ho	Completed	15. Decedent's	Education	16e. Decedent's Usue			el Occupation		16b. Kind of Business/Industry			
	pie	(Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+)			life. D	ind of work done O NOT use retire	during most of work ed)	king					
	d wit	E O	12th grade	College (1 40)	017	Homemaker		er	r		n Home		
	othe othe	Be	17. Fether's Neme (First, Middle, La			18. Mc			18. Mother's Neme (First, Middle,				
	Ald by Alenta Al	ToE	George Edward	Williams				Mary	Elizab	eth El	liott		
	short and a	-	19e. Informant's Name/Relationship	(Type, Print)		19b. Melling	Address (Stree	at end Number or Ru	ral Route Numb	er, City or Town	, State, Zip Code)		
	aith a 27 ls		William Albert F	Reese (husb	and)	8800	walther	Blud., Un	it 3501.	Balt	MD 21234		
	othe		20e. Method of Disposition 20b. Place of Disposition (Name of Date 20c. Location - City or Town, State										
	Page ent cent ry or		1 Denotion 5 Other (Specify) 1 Denotion 5 Other (Specify) 1 Denotion 5 Other (Specify) 1 Denotion 5 Other (Specify)										
	orta												
	Deg		Schimunek Funeral Homes, Inc.										
			22. Name end Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, Approximate Interval Between Onset and Death Onset and Death										
	Dhyoloion		shock, or heart fellure. List only one cause on each line.										
Physician /Medical Examiner		Immediate Ceuse (Finel	Va 7	- 0	. (21'							
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		ē		\mathcal{M}_{\star}	Due to (or e	s a consequ	erica oi):	1 0 -					
68766 ficate as executed physican and as the burner fransit	Examine	Cogusatially list and distance	b .	Due to lore	De a consecuti	anco'oth:	encho	_					
	8 61	Exa	Sequantielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury										
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	2 × ×	resulting in death) Last											
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n of Vital Records, P.O. ng Physician: The law requires that the de ther this certificate has been signed by the i	death e atte	Cia	Part II. Other algorificant conditions	contributing to death I	but not resulti	na in the un	tertvina ceuse ai	iven in Pert I	23h Did	tohacco usa co	entribute to the cause of death?		
	Physician/Med	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributing to death but not resulting in the underlying cause given in Pert I.							3 Probably 4 Unknow				
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	ifficat or, p		25. Wes case referred to medical					26. Piece of Deel			12 103 220 110		
	sloie s cent		exeminer? 1 ☐ Yes 2 Ø No	Hospital:	ient 2 🗆 E	2/Outpationt	3□ DOA Ot	ther			per (Specify)		
	Phy eration		1 Mainpatient 2 LEF				8b. Time of 28c. Injury et			Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred			
	Afre Fun	ig	1 ☑ Naturel 5 ☐ Pending 2 ☐ Accident investigat	ey Year)	Injury Work? M 1 Yes 2 No								
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ā	al or A s after I Direct		4 ☐ Homloide building, etc. (Specify)							Town, Stete)			
To the Hospital of within 24 hours a To the Funeral D completely filled it		SalC									enner as stated.		
	in 24 in 24 in Per pietel	edical	(Check only 2 Medicat Ex	aminer: On the basis of end manner s	of examinetion tated.	n end/or Inve	stigetion, In my	opinion, deeth occur	red et the time,	date and place,	and dua to tha causa(s)		
	To the Total	Σ	29b. Signeture end title of certifier	1 100			29c. Licen	se number					
			A V/- / //	1 V A O-	_			1 1 1 4 4 1	PLIAN.	- 1	N T A 7 A		

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Creater Bell: Med Ctr

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State Registrar



State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Tima of Death Month Year ROLLINGER SK **Physician** JOHN JAMES 1818 FEBRUARY 1998 13 /Medical 4a Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Yaar If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthplece (Stete or Foreign **Funeral** Days Months 1 X M 2 □ F 77 1920 OKLAHOMA Nov. 16, Director 219-32-5312 Usuat Residence of Decedent the Maryland 10c. City. Town or Location 10d, Inside City Limits 10a. State 10b. County oe filed within 72 hours after death with the Manylar I Hygiene.
I other than "natural", or fleme 23a or 28a-f show worth, tre section be notified. 1 ☐ Yes 2 No Director MARYLAND HARFORD BEL AIR 10e. Street and Number 10f. Zip Code 10a. Citizen of Whet Country? 720 FOX BOW DRIVE 21014 U.S.A. Funeral 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerlo Rican, atc.) 12. Wes Decedent Ever in U,S. Aggred Forcas? 1 ₹9 Yes 2 □ No If Yes, Give Year or Dates: 1939–42 14. Race - American Indien, 11. Marital Status Bleck, White, etc. 1 Nevar Married 2 Married Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: þ 3 X Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry 15. Decedent's Education (Spacify only highast greda completed) Elementary/Secondery (0-12) Coltege (1-4or 5+) Purchasing Manager Photo Company years permit. Pages 1 and 2 should be filed.
Department of Health and Mental Hygi Important: If item 27 is marked other any injury or other traum-et-once. traumatic event, 18. Mother's Neme (First, Middle, Maiden Surneme) 17. Fether's Name (First, Middla, Last) Be John M. Rollinger Mary Arndt 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) 2709 Longmeadow Drive, 21009 John J. Rollinger Jr. (Son) Abingdon, MD. 20a. Method of Disposition 20b. Ptace of Disposition (Neme of cemetery, cremetery or other piece) Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stata Bel Air Memorial Gardens 2/17/98 4 □ Donation 5 XOther (Specify) Entombment Bel Air, Maryland 22. Name end Address of Facility 21. Signature of Funeral Servica Licensee Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Road, Bel Air, MD. 21014 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heer failure. List only one ceuse on each line. Approximate Intervat Between Onsat and Death **Physician** /Medical Immediate Cause (Finel e. HYPOXIC BRAIN = 2 DAYS disaase or condition resulting in death) Examiner Examine CHRONIC OBSTRUCTIVE PILMONARY DISEASE 15 YEARS Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Diseese or injury Due to (or es e consequence of): Physician/Medical physic thet initiated events resulting in deeth) Last Dua to (or as a consequence of) 20 8 attending 985 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 2 Yes 2 No 3 Probably 4 Unknown signed by that by Records, 2 requires 24b. Were autopsy findings evailable prior to complation of causa of death? 24a. Was en eutopsy Completed Deen C The law certificate has 2 X No 1 Yes 2 No of Vital Physician: 25. Wes case referred to medical axaminer? Be 26. Plece of Deeth (Check only one) Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Rasidanca 6 Other (Specify) 1 Yes 2 No Certification: To Sel. 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? Aher Attending 5 Pending investigation Division 1 Neturel 2 Accident 1 Yes 2 No after death Director: 6 Could not be determined 3 ☐ Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, fectory, office building, atc. (Specify) B 4 Homicide 8 To the Hospital within 24 hours a To the Funeral I Hospital Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end placa, end due to the cause(s) end menner es stated.

Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, dete end placa, and due to the cause(s) and menner stated. 29a. Certifier edical (Check only one) 29c. License number 29d. Data signed (Month, Dey, Year) 29b. Signatura and titla of certifia RES-000 February 13, 1998 arres usen 30. Neme end eddress of person who completed cause of death (Item 23a) (Type, Print) HOPKINS BALTIMORE MARYLAND HOSPITAL 31. Date filed (Month, Dey, Yeer) 2. Ragistrar's Signetura State who Berida B Registrar

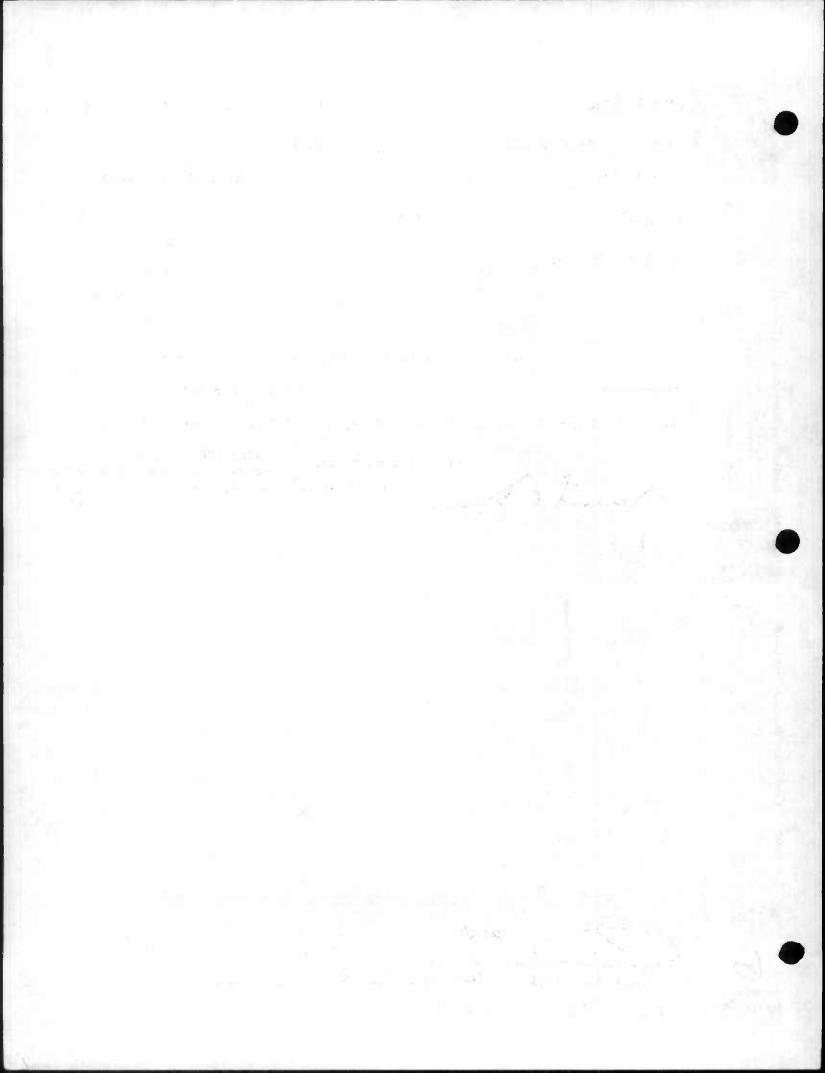
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State of Maryland / Department of Health and Mental Hygiene 98 05361

I	ten: 17	Pe	r FH Film G-756	5 2-23-98RC			ificate of	Death	F	Reg. No.	, 0	0301
	Physic	ian	William Rice	ne, Lest/					2. Dete of Dee	Dey 18	Yeer	3. Time of Deet
	/Medi		4e. Fecility Neme (If not institution	on dive street and number	ne)			4b. City, Town, or L	02			2:45 p.1
7	Exami	ner			,					40. County	0000000	
	Funeral		Long Green Nur 5. Sociel Security Number		Age (In yrs. lest		If Under 1 Year	Baltimore if Under 24 Hrs.	8. Date of Birt (Month, De)	h	9. Birthole	ce (State or Fore
	Director		249-60-4999 Usual Residence of Decedent	1⊠M 2□F	5.6	Yrs.	Months Deys	Hours Min.	(Month, De)			ce (Stete or Fore
	yland		10e. State 10b. Count	у	10c. City, T	own or Loca	itlon				100	d. Inside City Lim
	the Marylan 28a-f ahow notined at	to	Maryland		Balt	imore						1 X Yes 2 □
	or 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Countr	y?
	23a ust b	ai	2844 Oakley A	ve.			21215			USA		
020	within 72 hours effer death with the Maryland iene. Then "natural", or Itams 23a or 28a-f ahow the Med cal Examiner must be notified at	by Funeral	11. Maritel Stetus 1 □ Never Married 2 □ Mai 3 □ Widowed 4 □ Divorce	12. Was Deceden Armed Forces rried 1 Tyes 2 The Year Give) No		es Decedent of Hes, specify Cubi	lispenic Origin? (Sp en, Mexicen, Puerto Specify:	ecify Yes or No- Ricen, etc.)		ce - America ck, White, et y: Blac	c.
21215-0020	within 72 hours effiene. then "natural", or	Completed	15. Decede (Specify only highe Elementery/Secondary (0-12)	nt's Education est grade completed) College (1-4or		6e. Deceder (Give kir life. DO	nt's Usual Occup nd of work done O NOT use retired	petion duning most of work d)	ing	16b. KInd of B	usiness/Indu	estry
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Maryland	ed a s	Be			,			18. Mother's Nam			ne)	
2	s 1 and 2 should I Health end Mer tem 27 is marks other traumatic	10	Horice Rice 19e. Informent's Name/Relation	HORACE RICE		Oh Mailina	Address /Street	end Number or Rur	Thompso		Otata Zia C	Parts I
S	alth er 27 is r trau		William T. Boy					ve.,Balti				
e,	other tr		20e. Method of Disposition		20b. Piece		ion (Neme of tory or other plea		Dete Pi	20c. Location		
9			1 Buriel 2 Cremetion 4 Donetion 5 Other (3 Removel from State	9			10	2/23/98			
Baltimore,	그들루를		21. Signeture of Funerel Service	· · · · · · · · · · · · · · · · · · ·	Metro		atory, In	ILC .				ral Home
ñ	Depariment important		Meni	& c. X		2		Heights				ryland 1215
			23a. Pert1. Enter the disease, o shock, or heart teilure. Lis	r complications that chuse t only one cause on each	ed the death. D line.	o not enter	the mode of dyir	ng, such es cerdiac	or respiretory en	rest,	li li	Approximete ntervei Between Onset end Death
)	Physician /Medicai Examiner		Immediate Cause (Final disease or condition resulting in deeth)	е	Due to (or es		fan	creas				nonths
	B 1/	Examiner		b								
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	thet tha d ed by the detached	/ Physician/	Part II. Other significant conditions Shoots		but not resulting	g in the unde	erlying ceuse giv	en In Pert I.	23b. Dld to			he cause of dea bly 4 🗆 Unknown
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<u> </u>	Physician: The this certificeta rai director, pag	Be	25. Wes case reterred to medica exeminer?					26. Place of Deet	h (Check only or	ne)		
5	Physic this or rai dire	2	1 ☐ Yes 200 No	Hospitel: 1 ☐ Inpat		Outpetient		4 Nursing Ho	me 5 Resid	ence 6 Oth	er (Specify)	
	P F P	atlon:	27. Menner of Deeth 1 Neturel 5 □ Pendir 2 □ Accident Investi	gation	ey Year) 28b	o. Time of Injury	28c. Injur Wor M 1 □	y et k? Yes 2 □ No	28d. Describe h	ow injury occur	red	li li
DIVISION	To the Hospital or Attending is within 24 hours effer death. To the Funeral Director: Affer completely filled in by the funeral process.	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 286. Plece of Ir	njury - At home, rtc. <i>(Specify)</i>	ferm, street	t, fectory, office		28f. Location (S City or Town	treet end Numb n, Stete)	per or Rural F	Route Number,
	he Hosp in 24 hot he Funei pletely fil	edicai	29e. Certifier (Check only one) Certifyir 2 Madical	ng Physician: To the best Examiner: On the basis of end menner s	of examination of	lge, deeth oo end/or inves	ecurred et the tin stigetion, in my o	ne, dete end place, plnion, deeth occurr	end due to the c ed et the time, d	ause(s) and me lete end plece,	enner es stet end due to th	ed. ne ceuse(s)
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	0		1) 1	who completed cause of	deeth (Item 236	(Type, Prin	nt)	#20_3	210.	0		
	Sta	te	31. Dete tiled (Month, Dey, Year)	32, Regist	rar's Signeture	-1.00	-40- , (0)		-121	3		



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E. ROBE	ER1	TS	State of M	larylan		artment of <i>tificate c</i>		d Mental H	ygienė 8	U;	0362
		1. Decedent's Name (First, Middle, La	st)				27.0	2. Date of I	Death		3. Time of Death
Physician	_	Henry E. Rober	ts					JANUA!	PAY 08, 1	998	1444PM
/Medica Examine		4a Facility Name (If not institution, giv	e street end number)			4b. City, Town	, or Location of De			
Funeral		521 BAINBRIDGE RC 5. Social Security Number 6. S	Sex 7. A	-	lest birthday)	If Under 1 Ye	ar If Under 24	FPOSIT Hrs. 8. Dete of E	CECII		NTY plece (Stete or Foreign
Director		232 20 1303	M 2□ F 8	35	Yrs.	Wiching 50	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Aug.	27, 1912	New	Hampshire
r 28a-f ahow Instiffed at		Usual Residence of Decedent 10a. State 10b. County Maryland Cecil			y, Town or Lo						10d. Inside City Limits 1 ☐ Yes 2√2 No
3a or 28a at be not	Funeral Director	10e. Street and Number 521 Bainbridge F	Road			10f. Zip Cod			U.S.A.	What Cou	intry?
	2	11. Marital Status 1 □ Never Married 2 및 Married 3 □ Widowed 4 □ Divorcad	12. Wes Deceden Armed Forces 1 Yes 2 If Yes, Give Year or Dates:	? No		Was Decedent of Yes, specify C		? (Specify Yes or I Puerto Rican, etc.)	No- 14. Rac Ble	e - Ameri ck, White,	
ical i	De l	15. Decedent's Ec (Specify only highest gra	ducation		16a. Deced	ient's Usual Oc	cupation	f working	16b. Kind of B	usiness/fr	ndustry
than he M	Completed	Elementary/Secondary (0-12)	College (1-4or	5+)			ne during most o lired) m Manage		Farmin	ng	
00 P	o ne	17. Father's Neme (First, Middle, Last) George F. Robert						Name (First, Midd Burnham	lle, Maiden Suman	ne)	
27 la m r traum		19a. Informant's Name/Relationship (, Port De			
nt: If item:		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Contain 5 ☐ Other (Specified)	Removel from State		Placa of Dispo cametery, cren	sition (Neme of netary or other	place)	Date	20c. Location	City or T	own, State
important: If ite any injury or of once.		21. Signature of Funaral Servica Licer Ronal I S Wa		tor				oard, 655 land 2120		imor	e Street
sician edicai miner		23a. Part. Enter the disease, or com shoot or heart failure. List only Immediate Cause (Final disease or condition resulting in death)	ofications that cause one cause on each	ning	h. Do not ent	. 4	dying, such es ca	rdiec or respiratory	errest,		Approximete Interval Between Onset and Deeth
nsit	Examiner		b								
physician end the buriel-transit	al Exar	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	c	Due to (o	or as a conseq	uence of):				į	
ettending phys	5	that initiated events resulting in death) Last	d	Due to (o	r as a conseq	uenca of):					
deteched for u	rnysician/me	Part tl. Other algnificant conditions o	ontributing to death	but not res	ulting In the u	nderlying cause	given in Part I.				to the cause of death?
								24e. W	as an eutopsy	24b. W	Vere autopsy findings vallable prior to
page 2 should be o	mpier								formed?	01	ompletion of cause f deeth?
certificate rector, pag		25. Was case referred to medical					20 Place o		Yes 2□No		Yes 2 No
	0	examiner?	Hospital: 1 ☐ Inpat	ient 2 🗆	ER/Outpatier	t 3 DOA	Other:	f Death <i>(Check on)</i> ing Home 5 ☑ Re	_	er (Snec	ifu)
5 7		27. Manner of Death 1 □ Natural 5 □ Pending	28a. Date of Inj (Month, D	ury	28b. Time of Injury	28c. I	njury at Work?	28d. Describ	e how injury occur	-	1077
irect n by	erillicat	Accident investigation Suicide 6 □ Could not be determined	e 28e. Placa of Ir building, e		y)	eet, factory, offi	I Yes 2℃ No	28f. Location City or	ject drow (Street end Num Fown, State) inbridge	ber or Rui	
within 24 hours after of To the Funeral Direct completely filled in by		(Check 2 Medical Exam	ysician: To the besi	of my kno	wledge, death			place, and due to the	ne ceuse(s) and m	anner as	sta Deposit, M
thin 2		One)	and manner s	tated.		200 Lie	ance number		20d Data since	d (Manth	Day Vand
1 × 0		290. Signature and title of certifier	1,000	(MA			ense number		29d. Date signs		

Registrar

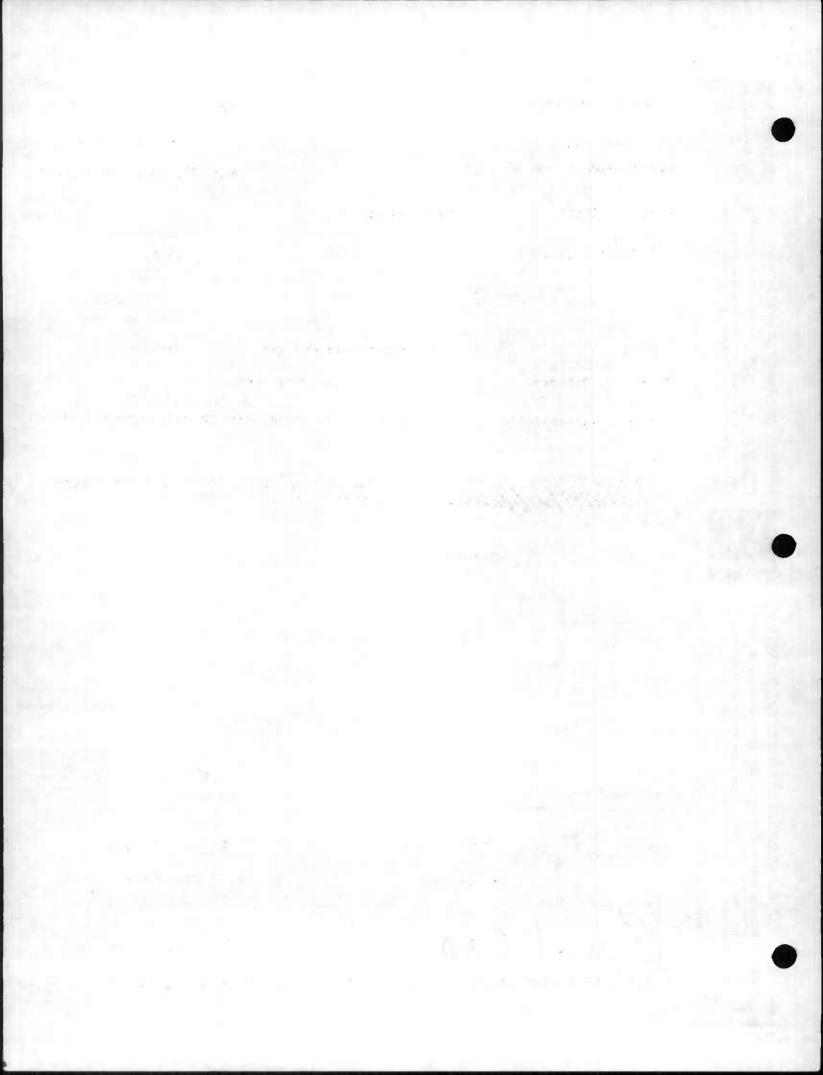
30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

The William 111 Penn

31. Date filed (Month, Day, Year)

FEB 2 3 1998

July 2000—Annually 111 Penn Street, Baltimore, Maryland 21201



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death Month **Physician** Mildred Marie Shultzabarger February 16, 1998 5:32 PM /Medical 4e. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Yeer If Under 24 Hrs.

Months Deys Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dele of Birth (Month, Day, Yea Birthplace (State or Foreign Country) **Funeral** 10 M 2 F Deys Months 82 215-22-0863 Yrs **Director** March 4, 1915 Pennsulvania Usuei Residenca ot Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23s or 28s-f show traumatic event, the Modical Examinar must be notified at 1 ☐ Yes 2 No Director Maryland Baltimore Essex 10e. Streei end Number 10f. Zip Code 10g. Citizen of Whet Country? 5 Brett Ct., Apt. 326 21221 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. natural', or itema 72 hours after 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2X No Specify: White ģ 3 D (Widowed 4 □ Divorced Completed 16e. Decedent's Usuei Occupeilon (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry se filed within 7 iel Hygiene. Baltimore City/ Eiementery/Secondery (0-12) College (1-4or 5+) Crossing Guard / Clerk Credit Bureau 8th grade permit. Pages 1 and 2 should be file Department of Heelth and Mentel Hy, Important: If from 27 is marked othe any Injury or other traumatic event, oddes. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Henry O'Neil Myrtle C. Lafferty 19e. intorment's Neme/Reletlonship (Type, Print) 19b. Meliing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Patricia Dorsch (daughter) 8824 Lakewood Road, Baltimore, MD 21234 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, State 1 Buriei 2 □ Cremetion 3 □ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Parkwood Cemetery 2/20/98 Baltimore, Maryland 21. Signeture of Funerei Service Licensee 22. Neme end Address of Fecility Buom a willen

Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD

23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardled or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate injervel Betw Onsei and Death **Physician** /Medical immediete Ceuse (Finai myocardial marchin 1 mmediat diseese or condition resulting in death) Examiner Due to (or es a consequence of): Physician/Medical Examiner TRANSLENT 1SCHEMIC Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Last Due to (or es e consequence of): Records, P.O. Box 68760 HYPERTEUSION many years Due to (or es e consequence of) the attending p Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 20 No 3 Probably 4 Unknown à 8 24b. Were autopsy tindings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? page 2 1 Yes 2 No 1 □ Yes 2 □ No certificate Division of Vital To the Hospital or Attending Physician: Within 24 hours effer death.

To the Funeral Director: After this certifica completely filled in by the funeral directors. FRANICUI DE SQUELLE LA 26. Plece of Deeth (Check only one)

Hospitel: 1 topatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 25. Wes case referred to medical Be 1 Tes 20 No Hospitei: 1 ☐ tnpatient 2 ☑ ER/Outpatient 3 ☐ DOA 2 28c. injury at Work? Medical Certification: 27. Menner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 5 Pending investigation 1 Naturel 1 Yes 2 No 2 Accident 6 Could not be 28t. Location (Street end Number or Rurel Route Number, City or Town, Stete) 3 ☐ Suicide 28e. Plece of injury - At home, ferm, street, tectory, offica building, etc. (Specify) 4 Homlcide 1 Certifying Physictan: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion and/or investigetion, in my opinion, deeth occurred et the time, dete and plece, and due to the cause(s) end menner steted. 29e. Certifier 29b, Signature and little of fertilled 29c. License number 29d. Dete signed (Month, Dey, Year) wo roun 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 630 5 Belais Road Bultimore Ud PATRICIA

State Registrar 31. Deie tiled (Month, Dey, Year) FEB 23 1990

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32. Registrer's Signeture whice Devide

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98-0898-013

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legibie.

RICHARD STA

State of Maryland / Department of Health and Mental Hygiene 9 8

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0	0		V	T

	Physician
V	/Medica Examine
4	Funeral Director

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State Registrar

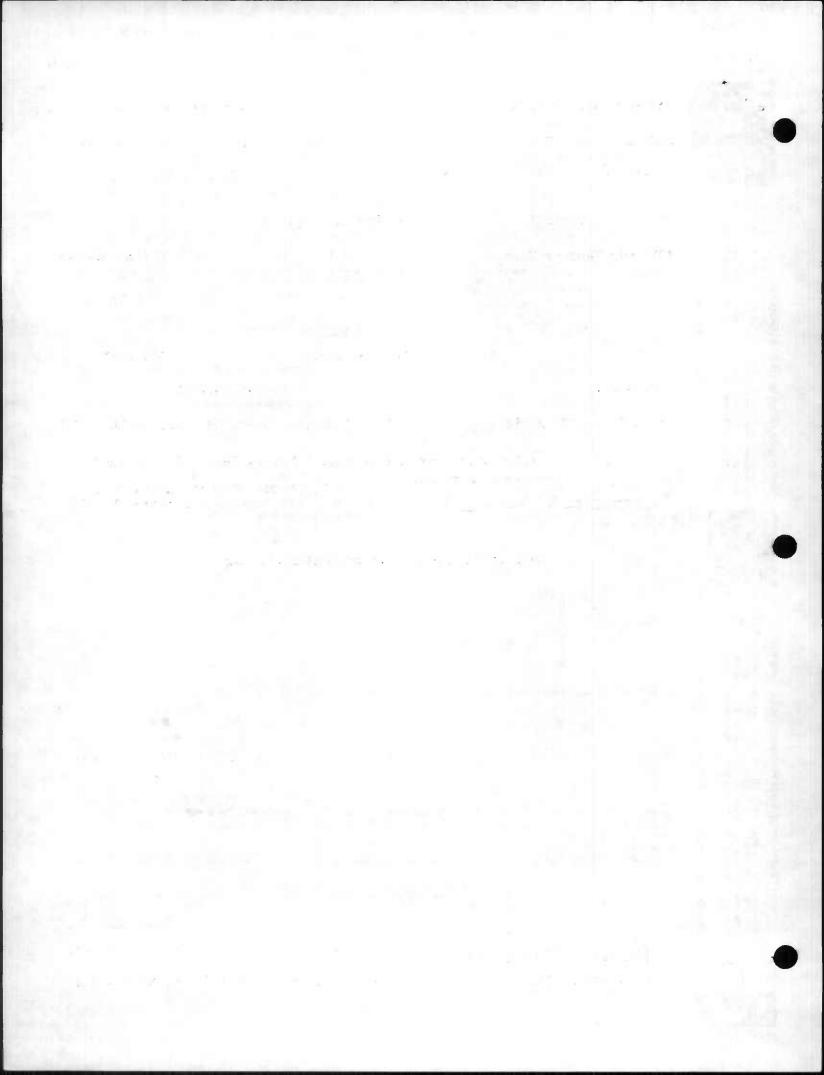
31. Dete filed (Month, Day, Year)

FEB 2 3 1998

Decedent's Neme (First, M Richard G. As Facility Neme (If not Institute CARROLL COUNT)			(Certificate (of D	eath		Reg. No.		004
4a Facility Neme (If not institu		3					2. Date of De Month	ath Day	Year	Time of Death
					4h	City, Town, or L	FEBRUA			:17A.M.
CALLOTT COOM			A.T							
5. Social Security Number	6. Sex	AL HOSPITA		day) If Under 1 Y		ESTMINS. If Under 24 Hrs.	CER 8. Dele of Bir		L COUNT	'Y State or Foreign
213-34-4034	1₽M 2					Hours Min.	(Month, Da	y, Year) 8, 1939	Country)	State of Poletigit
Usuel Residence of Deceden		10c. (City. Town	or Location					10d. In	side City Limits
	Carroll				- Ma	Pac law				Yes XXNo
10e. Street end Number	alloll		We	stminster		ryrand	T	10g. Citizen of V	Vhet Country?	
4711 Old Han	over Pe	be			158					
11. Marital Status		es Decedent Ever in	U.S.	13. Was Decedeni			ecity Yes or No		ed State	
1 □ Never Married 2 ☑ ! 3 □ Widowed 4 □ Divor	Married 1 I	med Forces? Yes 2 No Yes, Give ear or Dates:		If Yes, specify	Cuban,	Mexican, Puerto Specify:	Rican, etc.)	Bled	white, etc. White	
	dent's Education		16a. l	Decedent's Usuel O Give kind of work d	ccupetione du	on ring most of work	ina	16b. Kind of Bu	siness/industry	'
Elementary/Secondary (0-1		ollege (1-4or 5+)		life. DO NOT use re	etired)	g out of work	9			
12		5+		Health Pl					nment	
17. Fether's Neme (First, Mid	die, Last)				1			, Maiden Sumen	16)	
Max Staffa						-	yn Farr			
19a. Informant's Name/Relati				Mailing Address (St						
Janet F. Sta	ffa / W			4711 Old Disposition (Name of		over Ro	-			
20a. Method of Disposition 1 Buriel 2 Cremeti	ion 3 □Remov	al from Slate	cemetery	, crematory or other	r piace)		Dete	20c. Location -		tate
4 □ Donation 5 Othe 21. Signature of Funerel Serv	r (Specify) En	tombment 1		n Park Ce	em.	Februar	y 26, 1	998 Mar	yland	
23e. Pert1. Enter the disease shock, or heart feilure. Immediate Cause (Finet disease or condition resulting in deeth)		terioscler	otic	ot enter the mode of	f dying,	such as cardiac	or respiratory a	altimore	App	roximete val Between et end Deeth
Sequentially list conditions,	b	Due to	(or as a co	onsequence of):						
Sequentially list conditions, if eny, teeding to Immediate ceuse. Enter Underlying Cause (Disease or Injury									1	
thet initieted events resulting in death) Last		Due to	(or es a co	onsequence of):						
	d									
Pert il. Other significant con	ditions contributi	ng to death but not re	esulting in	the underlying ceus	e given	In Part i.		tobacco use co		
							10	Yes 2 No	3 Probably	Unknown
							perfe	en eutopsy ormed? CTION	evailable	utopsy findings e prior to ion of cause ?
							perfe	CTION	evailable complet of death	e prior to ion of cause
25. Wes case referred to med	dical					28. Plece of Dea	INSPE	Ormed? CTION Yes 2 No	evailable complet of death	e prior to ion of cause ?
25. Wes cese referred to medexaminer? 17€ Yes 2 □ No	dical Hospite	əl: 1 ☐ Inpatient 2	STER/Out	patient 3□ DOA	Other:		INSPE	Ormed? CTION Yes 2 No	evaitable complete of death	e prior to ion of cause ?
examiner? T∑ Yes 2 No 27. Manner of Death	Hospite 286	Dete of Injury	28b. Ti		Other:	4 Nursing H	INSPE	omed? CCTION Yes 2 XNo	evaitable complet of death 1 Yes	e prior to ion of cause ?
examiner? 152 Yes 2 No 27. Manner of Death 152 Natural 5 Pe 2 Accident inv 3 Suicide 6 Co	Hospite 280 anding estigation wild not be	Dete of Injury (Month, Day Year) Plece of Injury - At	28b. Ti	me of jury M	Other: Injury e Work? 1 Ye	4 Nursing H	in (Check only one 5 Residue) 28d. Location (ormed? CCTION Yes 2 kNo one) dence 8 □Oth	evailable completed of death o	e prior to ion of ceuse ? 2 □ No
examiner? TX Yes 2 No 27. Manner of Death TX Natural 5 Pe 2 Accident inv 3 Suicide 6 Co	Hospite 280 nding estigation uld not be 280	Dete of Injury (Month, Day Year)	28b. Ti	me of jury M	Other: Injury e Work? 1 Ye	4 ☐ Nursing Heat	in (Check only one 5 Residue) 28d. Location (ormed? CCTION Yes 2 No one) dence 8 Oth how injury occur	evailable completed of death o	e prior to ion of ceuse ? 2 □ No
examiner? 17 Yes 2 No 27. Manner of Death 17 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 29e. Certifier 1 Certi	nding estigation uld not be termined 280 Itying Physician cal Examiner: O	Dete of Injury (Month, Day Year) Plece of Injury - At	28b. Ti	me of jury M 28c. m, street, fectory, of death occurred at the	Other: Injury e Work? 1 Ye ffice	4 Nursing H	perful INSPE 1	ormed? CCTION Yes 2 No one) dence 8 Oth how injury occur Street and Numb wm, Stete) cause(s) and ma	evailable completed of death 1 Yes er (Specify) red	e prior to ion of ceuse ? ? 2 No
examiner? 172 Yes 2 No 27. Manner of Death 172 Natural 5 Pe 2 Accident 3 Suicide 6 Co 4 Homicide 29e. Certifier 1 Certi (Check only 2 Ned)	nding estigation uld not be termined 280 Ifying Physician cal Examiner: Celebrate 180	a. Dete of Injury (Month, Day Year) b. Plece of Injury - At building, etc. (Spe To the best of my kin the bests of examin	28b. Ti	me of jury M 28c. m, street, fectory, of death occurred at the for investigation, in	Other: Injury e Work? 1 Ye ffice	4 Nursing Hotel	perful INSPE 1	ormed? CCTION Yes 2 No one) dence 8 Oth how injury occur Street and Numb wm, Stete) cause(s) and ma	evailable complete of death 1 Yes er (Specify) red	a prior to ion of ceuse ? ion of ceuse? io 2 No ite Number,

32. Register's Signature

Suha Davidson Random



98-0751-510 ihm CHANTA SANDERS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Date of Daath Month Pay 16, 1998 Sanders 10:38 AM 4b. City, Town, or Location of Deeth 4c. County of Death BALTIMORE

Director

Physician

/Medical

Examiner

tha Maryland Directo Funeral Py Completed

Pagas 1 and 2 should be filed within 72 hours after dash with the Marylan nent of Hastilt and Mertal Hygiene.
Inst: If Nem 27 is marked other than "natural", or items 23a or 28a-f show any in other than the rounds of any or other traumatic event, the Modden Example must be rounded as permit. Pages Department of Important: If It any injury or o

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Examiner De esfec physician the burial Division of Vital Records, P.O. Box 68760. Physician/Medical 2 997 signed by the a d be detached t þ Completed certificate Be 0 100 Certification:

funeral Direc ö hours a Hospital 24 To the Y within 2 To the P

1. Decadent's Name (First Middle Last) Charta 4a Facility Name (If not institution, give street end number) JOHN HOPKINS BAYVIEW 8. Date of Birth (Month, Dey, 9. Birthplace (State or Foreign Country) If Under 1 Year | If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthdey) 12M 2 F Months Days Hours 219-90-1759 19 Yrs. Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 4814 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14 Bace - American Indian Black, White, etc 1 Never Married 2 Married Black 1 ☐ Yes 28-No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) MAZA Urad 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maldan Surnama) Sandens 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Midline Kentha mother more paraers 20b. Place of Disposition (Neme of cemetery, cremetory or other p 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Surial 2 Cremation 3 Ramoval from State 4 Donation 5 Other (Specify) 21. Signatura of Funeral Service Licansee 22. Name and Address of Facility Yav 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Causa (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disaasa or Injury that initiated evants resulting in death) Last Due to (or as a consequence of) Due to (or as a consequence of) 23b. Dfd tobacco use contribute to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 1 Yes 2 No 3 Probably 4 Unknown

26. Place of Death (Check only one)

25. Was cese referred to medical examiner? 1 XYas 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death 28b. Time of 1 Natural

5 Panding investigation 6 Could not be detarmined

1609 NR 28e. Place of Injury - At home, farm, street, factory, office building, atc. (Specify)

1 Yes 2 No

28c. Injury at Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred end Number or Rural Route Number, etc) 5 300 610 CL Sing Class

24a. Was an autopsy performed?

1 Yes 2 No

Lane Baltinice Map. 1 Certifying Physicfan: To the best of my knowledge, daath occurred at the time, date and place, and due to tha cause(s) and manner as 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29d. Date signed (Month, Day, Year) 29c. License number

ny 30. Nama and addrass of person who completed ceusa of the th (Itam 23a) (Type, Print)

OCME

FEBRUARY 17, 1998

1 Yes 2 □ No

Approximate Interval Batween Onset and Death

24b. Were autopsy findings available prior to completion of cause of daath?

THE DORE MIKE.

111 Penn Street, Baltimore, Maryland 21201 gua Jandistrar's Signature

31. Date filad (Month, Day, Year) State Registrar

Medical

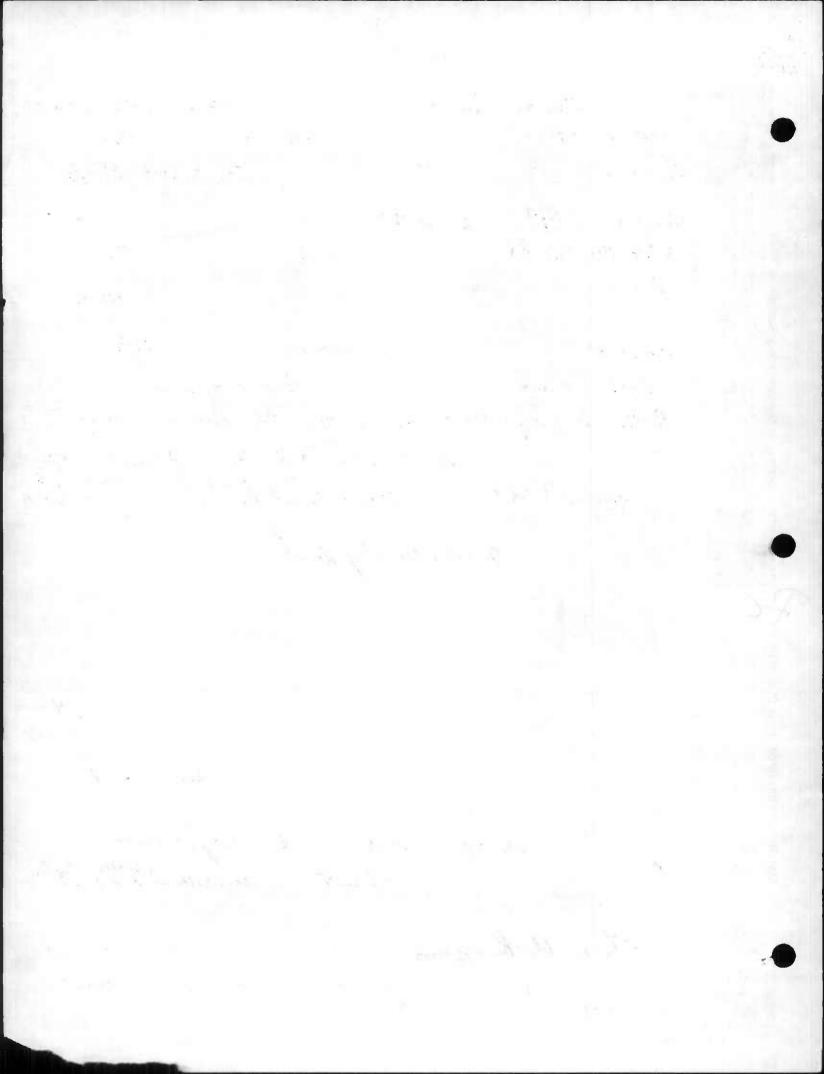
2 Accident

3 ☐ Suicide

29a. Cartifier

4 Homicide

29b. Signature and title of certified



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1 Decedent's Name (First Middle Last) 3. Time of Death 2 Dete of Deeth Month 1/00 1998 Fe6 Ruby Rebecca Swindell 4b. City, Town, or Location of Death 4c. County of Death 4a Facility Name (If not Institution, give street and number) BaltimoRE ST AGNES HOSPIEGI - 900 coton AVE. MD 21229 If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Days Yeer) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Social Security Number Days 1 ■ M 2 💢 F 85 214-22-1466 08/08/1912 North Carolina Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 11 Yes 2 No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 516 Stamford Road 21229 USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give ↑ Yeer or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No Specify: White 3 ₩idowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12th Homemaker Domestic 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Martha Wooten William Harrell 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Patricia Kuzmak / Daughter 516 Stamford Road Baltimore, Maryland 21229 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 19☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 02/20/98 Baltimore, Maryland Baltimore National Cem. ure of Funeral Service Licenses 22. Name and Address of Facility

permit. Pages 1 and 2 should be Department of Health and Mertal Important: If Nem 27 is marked o David J. Weber Funeral Home 23a. Part1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 5311 Edmondson Ave. Baltimore, Maryland 21229 **Physician** /Medical Immediate Cause (Final disease or condition resulting In deeth) Sepsis Examiner Due to (or as a consequence of): Physician/Medical Examiner Deep vein Throm 605.5 ettending physician and for use es the buriel-transit Due to (or as a consequenca of):

Approximate Interval Between Onset and Death 3 days

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Last

upper Gastrointestimal bleed Due to (or es e consequence of):

3-4 Weeks

10 Days

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed?

26. Piece of Death (Check only one)

1 Yes 2 No

25. Was case referred to medical examiner? 1 Yes 2 No 27 Manner of Death

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work?

1 Natural 2 ☐ Accident 3 ☐ Suicide 4 ☐ Homicide

28a. Date of Injury (Month, Day Year) 5 Pending Investigation 6 Could not be determined

1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated.

29b. Signature and title of cartifier

29c. License number

29d. Date signed (Month, Day, Year)

Sama Kheiri

P11703

Feb, 17- 1998

30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

SAMIR KHEIRI

ST AGNES 10 spital - 900 caten rue - Baltimore MD 21229

Registrar

Physician

/Medical

Examiner

10a. Stete

Funeral

Director

r than "natural", or items 23s or 28s-1 show the Medical Examiner must be notified at

natural, or

hours after

filled within

Baltimore,

certificate be

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After this funeral

Director:

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Completed

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Certification:

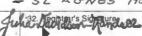
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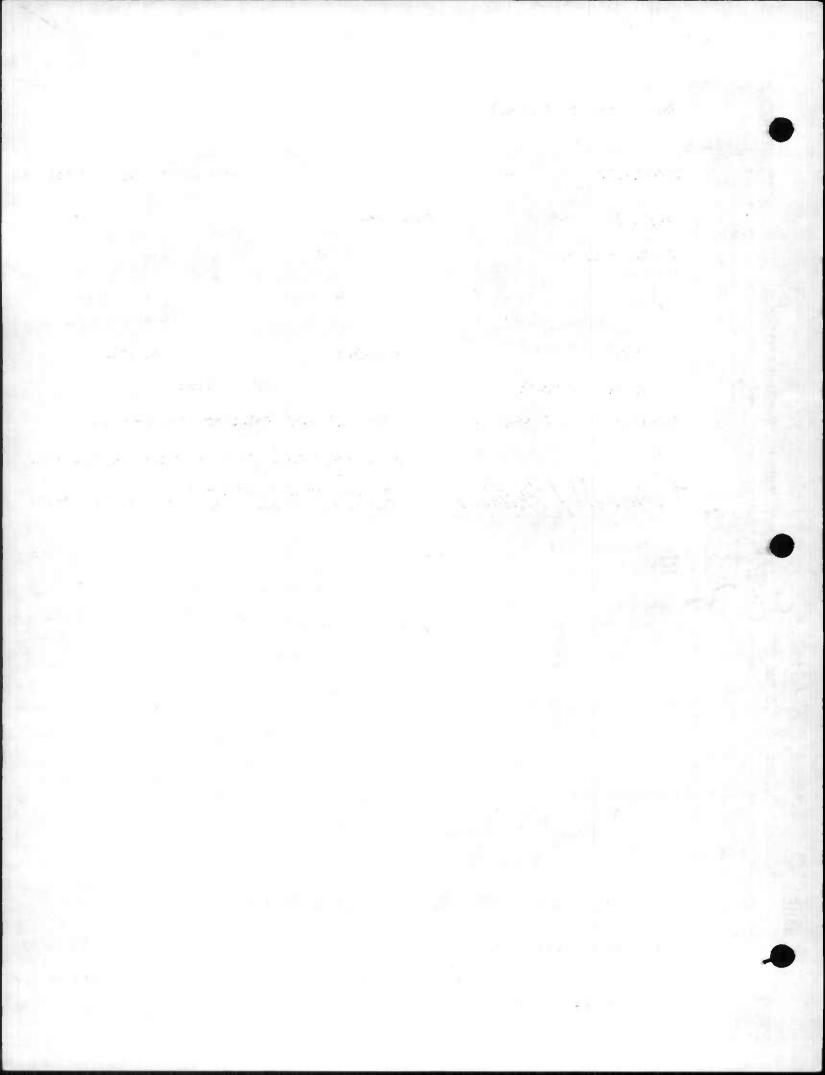
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Funeral

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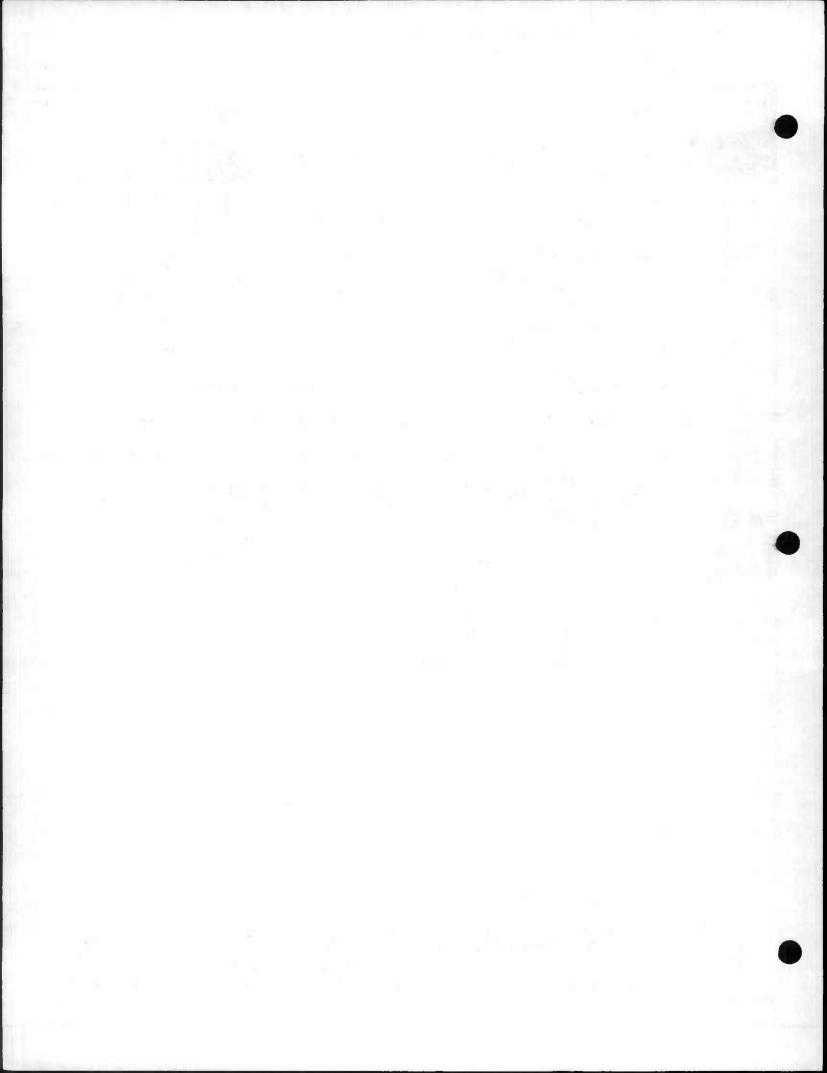




Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month **Physician** lary Szeliaa 9:40PM /Medical 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth **Examiner** Stella Maris BAltimore Towson, MD 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2√2 F 213-10-3503 Yrs Director 94 Maryland Usual Residence of Decedent with the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or thems 23a or 28a-f shot traumatic event, the Movical Examination must be notified at 1 Yes 27 No Maryland Director Baltimore Cockeysville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 906 Farmstead Road 21030 USA death Funeral permit. Pages 1 and 2 should be filed within 72 hours after dea Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural". ~ in once. 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status 1 Yes XNo
If Yes, Give
Year or Detes: Never Married 2 ☐ Married 1 ☐ Yes XXNo Specify: White þ 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Laborer 4th Meat Packing 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Adam Szeliga Barbara Unknown 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Carolyn McCarthy / Niece 906 Farmstead Rd. Cockeysville, Maryland 21030 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Rosary Cemetery 2/23/98 Baltimore, Maryland 21. Signature of Funeral Service License 22. Name and Address of Facility David J. Weber Funeral Home 4 401 S. Chester Street Baltimore, Maryland 21231 200 23a. Part1. Enter the disease, a somplications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Lie only one cause on each line. Approximete Interval Between Onset and Deeth Physician /Medical Immediate Ceuse (Final disease or condition resulting in death) ementia Examiner Due to (or es a consequence of): Examiner Sequentielly list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) physioilin Physician/Medical the Due to (or as a consequence of). certificete 98 manianti signed by the eld P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Completed peen pege 2 hes 2 No certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No director, Be 25. Was cese referred to medical examiner? 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 2 1 Inpatient 2 □ ER/Outpatient 3 □ DOA this 28a. Dete of Injury (Month, Dey Year) funeral 27. Menner of Death 28d. Dascribe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? After 5 Pending Investigation 1 Netural death. 1 ☐ Yes 2 ☐ No Hospital or Attandii
 24 hours efter death.
 Funeral Director: A letely filled in by the fu 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Piece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1/2 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edical 29a. Certifier To the Hor within 24 h To the Fur 29b. Signature and little of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer) EDWARDS PENELOPE 30. Name end eddress of person who completed ceuse of death (item 23e) (Type, Print) DULANEY VALLEY RO STELLA TOWSON, MD. J. Registrar's Signature Juna Waydon - Handell State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 8 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Physician Yeer ELIZABETH February, 19th, 1998 6:44 Am /Medical 4e. Fecility Neme (If not institution, give street end number, 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner Northwest Hospital Center Randallstown Baltimore If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Yeer) If Under 1 Year 5. Sociel Security Number 6 Sex 7. Age (In yrs. last birthday) Birthpiece (State or Foreign Country) **Funeral** Deys 1 □ M 2 1 F Yrs Director 217-18-5053 Mar 12, 1924 Delaware Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 21 No Director Maryland Carroll Eldersburg 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5351 Wendy Road 21784 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2X No 11 Meritai Stetus Was Decadent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Merried 2 🔀 Merried If Yes, Give Year or Detes: 1 ☐ Yes 2 X No Specify: by Specify 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) 9 Years Cashier A & P Superfresh 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Theodore Gawronski Ethel Smiarowski 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and Department of Health Important: If Item 27 I any Injury or other tr. once. Mr. Richard Snyder 5351 Wendy Road Sykesville, MD 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition 1X Burlal 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Lake View Mem. Park 2/23 Sykesville, MD 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heer failure. List only one cause on each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Ceuse (Final Myo cardial Infarction
Due to (or es e consequence of): disease or condition resulting in deeth) Examiner Examiner Dronary Artery Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or as e consequenca of) ypertension Physician/Medicai Pert II. Other signiffcent conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown by 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Medical Certification: To 27. Mennerof Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Naturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Phyercien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner stated. 29a. Certifier

29c. License number

29d. Date signed (Month, Dey, Year)

February 19th

Records, of Vital Division

the Hospital or Attending Physician: this funeral After To the Hospitel or Attending within 24 hours after death.

To the Funeral Director: After Completely filled in by the fun

signed by

certificate

director.

show

"natural", or items 23s or 28s-f show

Pages 1 and 2 should be filed within 72 hours after or nent of Health and Mental Hygiene. ant: If Item 27 Is marked other than "natural", or iten LIY or other traumatic evant, the Medical Experimenty or other traumatic evant, the Medical Experiments.

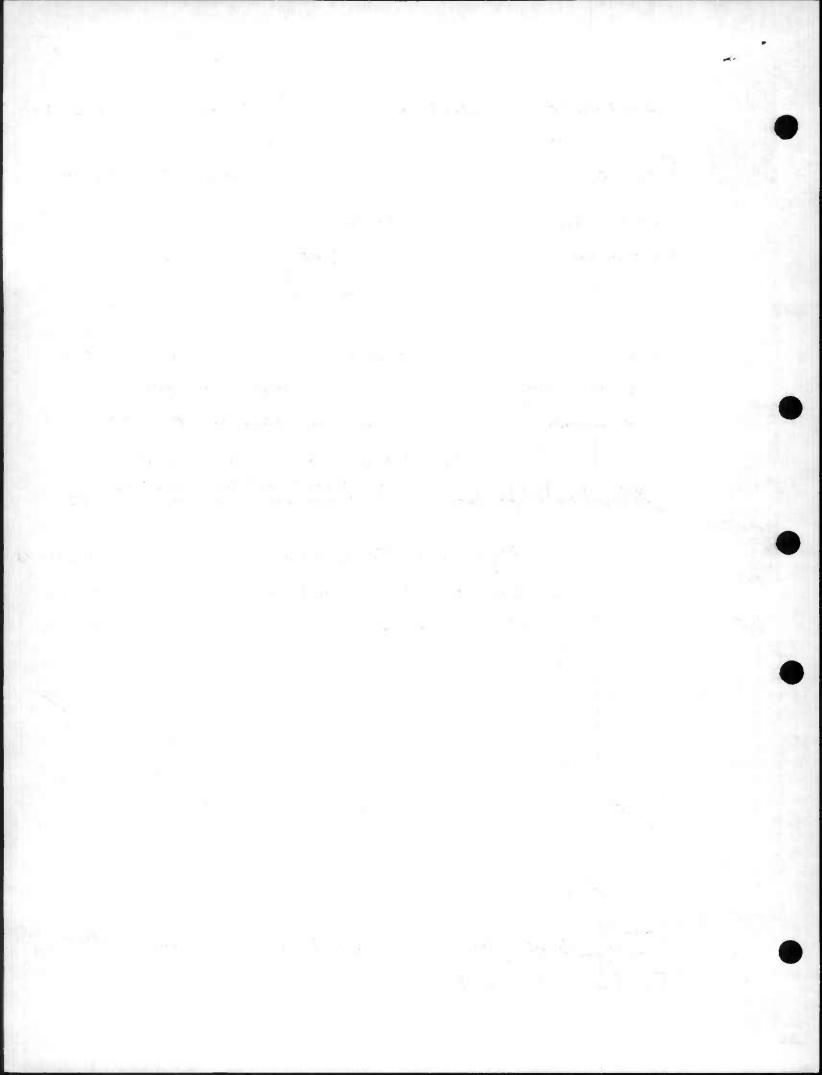
21215-0020

Maryland

Baltimore.

State Registrar 29b. Signature end title of certifier

30. Name end eddress of person who complete suse of deeth (Item 23e) (Type, Print) 31. Date filed (Month, Dey, Year) M; D, ZWElly North west Hospital 32. Registrar's Signature FEB 23



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

				Certificate of	Death	Reg	J. No.		15369
Hone		1. Decedent's Neme (First, Middle, La	st)			2. Dete of Deeth		(a.a.	3. Time of Death
Phys /Me	dical	Trunell		Tow	nes	February	Dey 1	99 X	21:20
Exan		4e. Fecility Neme (If not institution, giv	e street end number)		4b. City, Town, or I		4c. County of	Deeth	
		THE JOHNS HOPKI	NS HOSPITAL		BALTIMORE			NI	A
Funer Directo	_	620 10 0001	7. Age (In yrs. lest b	oirthdey) Munder 1 Year Yrs. Months Days		8. Date of Birth (Month, Dey,)	(ear) 58	9. Birthpl Count	ece (Stete or Foreign
Maryland a-f show	tor	Usuel Residence of Decedent 10a. State 10b. County	A	wn or Location There	city			10	od. Inside City Limits
th with the 23a or 28	al Director	10e. Street end Number	nd Street	10f. Zip Code	218	109	g. Citizen of Wh	et Count	J LAS
21215-0020 4 within 72 hours after death with the Maryland jiens. 1 then "naturel", or items 23s or 28s-1 show the Moderal Evancine must be notified.	d by Funeral		12. Wes Decedent Ever In U.S. Armed Forces! 1Yes _ 20 No If Yes, Give Yeer or Dates:	13. Wes Decedent of If Yes, specify Cut		pecify Yes or No- p Rican, etc.)	14. Rece - Bleck, Specify:	White, e	etc.
15 n n n n n n n n n n n n n n n n n n n	Completed	15. Decedent's Ec (Specify only highest gra	ducation (de completed) Coltege (1-4or 5+)	e. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	o during most of work ad)	king	Sb. Kind of Busi		· ·
ore, Maryland 212 stend 2 should be filed withing the Health and Mental Hygiener, them 27 is marked other than other traumatic event, may	To Be C	17. Fether's Neme (First, Middle, Last)	or Meet		18. Mother's Nam Edn	ne (First, Middle, Me			
Te, Mary 1 end 2 sho Health and I sm 27 is me		19a. Informant's Name/Relationship (son/Aunt 2	9b. Mailing Address (Stree	1	Je Bal	to M.	2 0	1215
0 80 = 9		20a. Method of Disposition 1 b. Burial 2 □ Cremetion 3 □ 4 □ Donetion 5 □ Other (Specification of the content of the conten	Removel from Stete cemet	of Disposition (Name of ery, crematory or other plants)	CMC :	2.23.98	-	0	city
Baltin permit. Pa Departmen Important: any injury	900	21. Signetul of Funeral Service Licar	E Free	Vay ghn					strail Pk
Physicia	_	23e. Pert1. Enter the disease, or com- shock, or heart fallure. List only				or respiretory erres	it,		Approximete tntervel Between Onset end Deeth
/Medica Examine	_	Immediate Cause (Finel disease or condition resulting in death)	a. Overwhelmin	Sepsions of:	5				8 days
p ==	iner		. Multilobar	ONDHUAM	nia			C	days
Box 68760, aath certificate begascuted attanding physician end for use as the bunk-transit	ledical Examiner	Sequentietly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest	Due to (or es e	consequence of):				1	7-
P.O. BOX that the daath cert ed by the attendin detached tor use	Physician/M	Pert II. Other significent conditions of	d	in the underlying cause g	iven in Pert I.	23b. Did tob	ecco use contr	ibute to	the cause of deeth?
S, P.C es that the gned by the be detach	by Phy	AIDS				1□ Yes	2 No 3	□ Prob	ably 4 Unknown
ecord aw requir ts been si	Completed b					24e. Was an performe		con	re eutopsy findings llebte prior to apletion of cause leeth?
_ F # &	ပ်					1□ Yes	2 KNO	1 🗆	Yes 20 No
r Vital I ysician: The is certificate director, pag	Be	25. Wes case referred to medical exeminer?				th (Check only one))		
Of Vita Physician: this certific ral director,	2	1 Yes 2 No	Hospitel: 1 Inpatient 2 ER/C	dipatient 3L DOA	- 7	ome 5 🗆 Residen	ce 6 Other	(Specify)
Division of or Attending Patter death. Director: After the in by the tuners	Certification:	27. Menner of Deeth 1 Seture 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	(Month, Dey Year)	Time of Injury M 1 [iryet ork?]Yes 2 ☐ No	28d. Describe how			
DIVI Ital or At its after of al Direct led in by		4 Homicide determined	building, etc. (Specify)			28f. Location (Stre City or Town,	State)		
Division To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completaly filled in by the tune	edicai	29a. Certifier (Check only one)	yelclen: To the best of my knowledg ilner: On the basis of examination e end menner stated.	ge, deeth occurred at the tind/or investigation, in my	ime, dete end ptece opinion, death occur	end due to the ceu red et the time, date	se(s) end menr e end pleca, an	er es ste d due to	ited. the cause(s)
To To t	Σ	29b. Signeture end title of certifier	00_	29c. Licen		290	d. Dete signed (Month, E	ley, Year)
		Mark Mu	ton - Inter	n RES	5-000	F	ebruar	1 1	8 1998
3		30. Name end eddress of person who						4	
			600 North we	ife Stree	+ Balt	more M	D 21	28	7
S Regis	tate trar	31. Date filed (Month, Day, Year) FEB 2 3	32. Registra s a ignature.	dson-Randell					

sada tan ji jakan - Alfi 1

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 4 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month 115 AM FEBRUARY 1998 John J. Di Tommaso 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death North Arundel Hospital Glen Burnie Anne Arundel If Undar 1 Yaar If Undar 24 Hrs. | Months Days Hours Min. 5. Social Sacurity Number 7. Aga (In yrs. lest birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foraign Country) 1₩ M 2□ F 76 051-16-7714 Yrs Nov. 18, 1921 New York Usual Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2 ☒ No Maryland Anne Arundel Glen Burnie 10f. Zip Code 10g. Citizan of What Country? 7900 Benesch Circle 21060 U.S.A. 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc 1 Navar Marriad 2 Married 1 Yas 2 No If Yas, Giva Yaar or Detas: 1 ☐ Yas 2 ☑ No Specify: Specify: White 3 Widowed 4 Divorced 15. Decedant's Education (Spacify only highast grada complated) 16a. Dacedant's Usual Occupation (Give kind of work dona during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry O Coilege (1-4or 5+) Elementary/Secondary (0-12) Stee1 Steel Worker 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middla, Maiden Sumeme) unknown 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Tina Koukoulis/daughter 2408 Haddon Hurst Court, Fallston, Maryland 21047 20b. Place of Disposition (Nema of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☑ Donation 5 ☐ Othar (Specify) Ronald Service Licensee 22. Nama and Addrass of Facility
State Anatomy Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201

Baltimore, Maryland 21201

Baltimore, Maryland 21201

Baltimore, Maryland 21201

Baltimore, Maryland 21201

Baltimore, Maryland 21201

Baltimore, Maryland 21201 BRAW STEM CVA lwttk Dua to (or as e consequance of): (WEEK HYPOTENSION Sequantially list conditions, if any, laading to immadiata ceuse. Enter Undarlying Ceusa (Disaase or injury that initiated avents resulting in deeth) Last Dua to (or as a consequence of): ATRIAL FIBRILLATION Dua to (or as a consequence of): HEART CONGESTIVE Part II. Other significent conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy findings availebla prior to completion of cause of deeth? 24a. Wes an autopsy performed? 1 Yas 2 No 1 Tyas 2 TING 25. Was cesa rafarrad to medicel axaminar? 28. Place of Death (Check only one) Hospital: 1 The patient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 28a. Data of Injury (Month, Day Yeer) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding investigation 1 ☐ Yas 2 ☐ No 6 Could not be datermined 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Steta) 1 Cortifying Physicien: To the bast of my knowledge, daath occurred at the time, data and place, and due to tha cause(s) and mennar as statad.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, daath occurred at the time, data end place, end due to the cause(s) and mannar stated. 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Data signad (Month, Day, Year) HOUSE STAFF MEDICINE BC 5572195 February

MD 21061

GLANBURNIE

Hospital or Attending Physician: The law requires that the death certificate be associted 24 hours after deeth.

Funeral Director: After this certificate hes been signed by the attending physician and Box 68760, Records, P.O. Division of Vital To the Hospital within 24 hours a To the Funeral D

> State Registrar

Physician

/Medical

Examiner

Director

Funeral

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Completed

10e. Street and Number

unknown

Immadiata Causa (Final disaasa or condition rasulting in deeth)

Funeral

Director

28a-f a

than "natural", or items 23s or the Medical Examiner must be r

Hygiene.

permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If then 27 is marked othe any Injury or other traumatic event.

Physician /Medical

Examiner

buriel-transi

the

signed by the attending p

funeral director,

filled in by

completely

Examiner

Physician/Medical

Completed by

Be

Medical Certification: To

1:tommaso

Baltimore, Maryland 21215-0020

CHACKO 31. Data filed (Month, Day, Year) FEB 2 3 1998

1 Yes 2 No

27. Mannar of Deeth

1 Natural

2 Accident

3 Suiclda

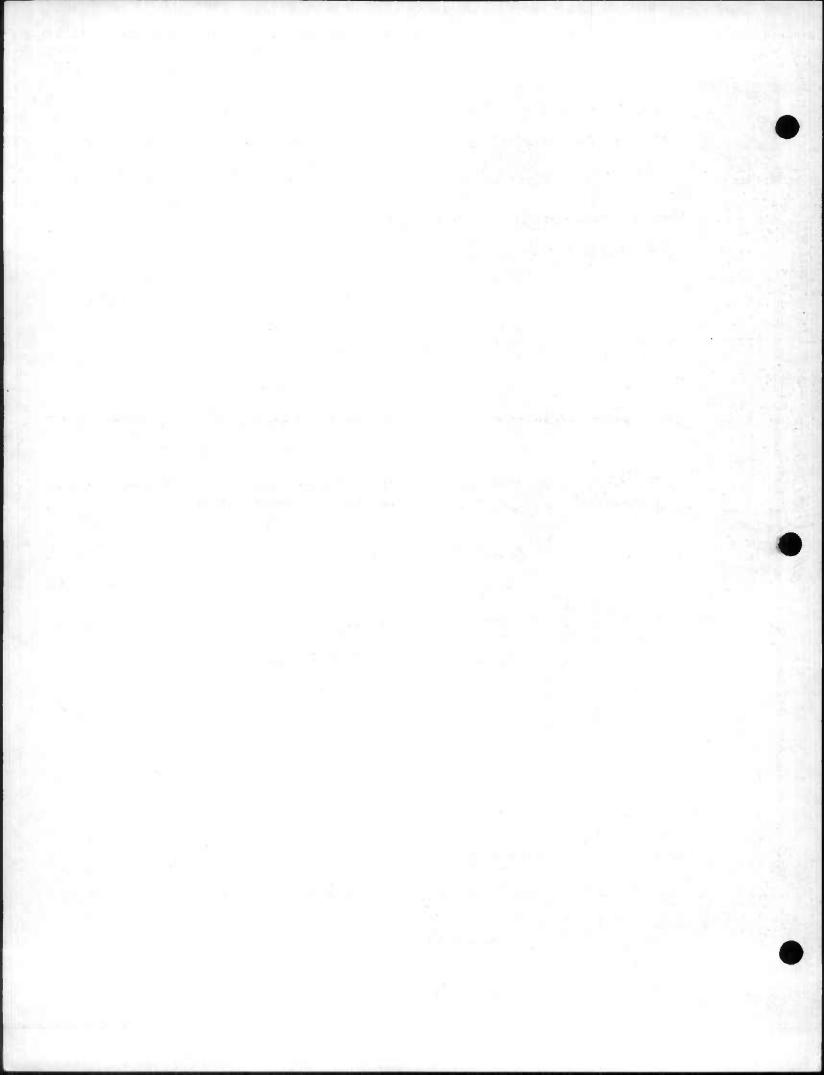
29a. Cartifiar

BINO

4 Homloide

301 HOSPITAL ORIUL Pegistrar's Signature Way down Andelle

30. Nama and addrass of person who completed ceusa of death (Item 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 18 4-57 Pm 7-cs 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth Mayland Baltimore IF Under 24 Hrs. 8, Date of B beneral WINNER 6. Sex If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) 213-26-580 Usuel Residence of Decedant 1□ M 20 F Deys Yrs. 10h Count 10d. Inside City Limits Yes 2□No laryland 370310f. Zip Code 10g. Citizen of Whet Country? 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race Race - American Indian, Black, White, etc. 1 Never Married 2 Merried 1□Yes 2⊠No Specify: 3 Widowed 4 Divorced Specify. 15. Decedent's Education (Specify only highest grede completed) 16e. Decedant's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use ratined) 16b. Kind of Business/Industry College (1-4or 5+) 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Surneme) W orrias a 19e. Informent's Name/Reletionship (Type, Print) (Son 19b. Meiling Address (Street end Number or Rurel Route Number, 20e. Method of Disposition 20b. Plece of Disposition (Neme of pete 20c. Location - City or Town, Stete 1 Buriel 2 □ Cremetion 4 □ Donetion 5 □ Other (Specify) 22. Name end Address of Facility Joseph L. Ry

Physician /Medical **Examiner**

Physician

/Medical

Examiner

10e. Stete

Funeral

Director

r than "natural", or items 23a or 28a-f show the Madical Exercises must be notified at

permit Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important if item 27 is marked other than "natural", or ite any Injury or other traumatic event, the Magical Examina

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760

The lew requires that the death certificate be

Funeral Director

Completed by

Be

2

Medical Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Entar Underlying Ceuse (Diseese or Injury that Initieted avents resulting in daeth) Lest

Immediete Ceuse (Finel disease or condition resulting in deeth)

21. Signatura of Funeral Service Libensee

Approximeta Intervel Between Onset and Death /Ulmonony Bronchiti locar Milesi Observative Pulminny Plience

W.North

thet caused the death. Do not enter the mode of dylng, such es cardiac or respiretory arrest, usa on each line.

Ave

2-18-98

Bato, and 21219

Pert II. Other significant conditions	contributing to death but not re	sulting in the underfylr	g ceuse given In Part I.	23b. Did tobecco use c 1 ☐ Yes 2 ☐ No	ontribute to the cause of death? 3 Probably 4 Unknown
	•			24a. Wes en eutopsy performed?	24b. Wera autopsy findings evelleble prior to completion of cause of death? 1 Yes 2 No
25. Was cese referred to madicel exeminer? 1 ☐ Yes 2 ☐ No	Hospitel: 1 Impatient 2	☐ ER/Outpetient 3☐	Other:	eeth (Check only one) Home 5 Residenca 8 On	they (On to 16th)
27. Menner of Deeth 1 Neturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury et Work?	28d. Describe how injury occu	
3 Suicide 6 Could not to datemined		nome, ferm, street, fec	tory, offica	28f. Location (Street end Num City or Town, Stete)	ber or Rurel Route Number,
29a. Certifier 1 Certifying Pl (Check only one) 1 Medical Exa	nysician: To the best of my knoniner: On the basis of axaminand menner stated.	owledga, death occurr etion and/or Investigat	ad et tha time, deta and pla ion, In my opinion, daath oc	ca, and due to tha causa(s) end n curred et tha tima, date and plece	nenner es stetad. , and dua to tha ceuse(s)
29b. Signeture and titla of certifier	0		29c. License number	29d. Date sign	ed (Month, Day, Year)

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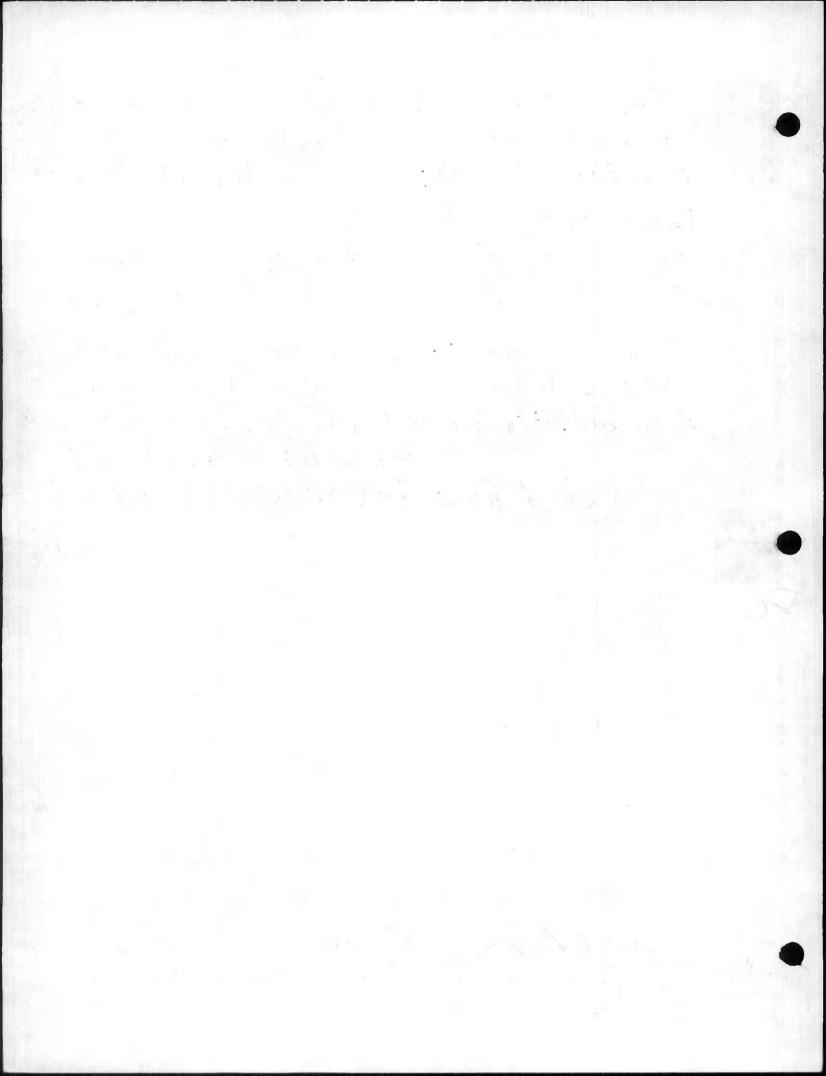
State Registrar

1enny May and suy 2116 32 Begistrer's Signeture

30. Name end address of parson who complated ceuse of daeth (Itam 23a) (Type, Print)

efter death

To the Hospital of within 24 hours ele To the Funeral D completely filled in



Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legibie.

State of Maryland / Department of Health and Mental Hygiene O. C.

					C	ertificat	e of			ornar riy	Reg. No.	90	U	531	2
200	Decedent's Name	(First, Middle, La	. / 11							2. Date of De Month	eth Dey		Yeer	3. Time	of Death
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er	4e. Fecility Neme (II	not institution, giv	ve street end num t	ber)						cation of Deet	h 4c.		of Death		
	ST. AGN	ES H	OSPITA	AL				BAL	-TIM	TORE			NI)	
	5. Social Security N			. Age (In yrs	. lest birthda	y) If Under Months	r 1 Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De	th Year)		9. Birthpl	ece (Stete	or Foreign
	218 - 60 - 5 Usuel Residence of	256	1□ M 2 KF	56	Yrs.	IVIORITIS	Days	Hours	IVIII.	3.31.	41		Count	" ME)
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Funeral Director	MD	NA		BA	LTIMO	RE								1 🗷 Ye	s 2 No
Oire	10e. Street end Nun	nber				10f. Zip	Code				10g. Citla	en of W	/haf Count	ry?	
a	509 KAN	Dom Ki	DAD				21:	229				us	BA		
ner	11. Marital Status		12. Was Deced	ent Ever in U	J,S. 13	. Was Dece	dent of h	lispenic Orle en, Mexican	gin? (Spec	cify Yes or No	- 1		- America		
	1 Never Marrie	ed 2 Married	1 Yes 2	No		1 ☐ Yes	1	Specify:	, rueno r	rican, etc.)			k, White, e	tc.	
l by	3 Widowed	4 Divorcad	Year or Date	es:		ILI Tes	2 (Z) NO	эреспу:				Specify:	BLAC	K	
e	(Speci	15. Decedent's E	ducation		16e. Dec	adent's Usu	el Occup	ation	of workin	10	16b. Kir	nd of Bu	siness/Ind	ustry	
npie	Elementary/Secon		College (1-4	lor 5+)	life	PO NOT U	se retire	d)	Or WORKIN	'y		. 1			
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Be (17. Fether's Name (First, Middle, Last)					18. Mothe	r's Name	(First, Middle	, Maiden :	Sumeme	e)		
To	KOBERT ('ORNISH						HEL	MA	HAVE	3				
	19a. Informent's Na	me/Reletionship (Type, Print)		19b. Me	iling Address	s (Street	end Numbe	or Rurel	Route Numb	er, City or	Town,	Stete, Zip	Code)	
	MYRNA L	ALLACE	DAUGH	ER	8909	MAL	LARC	G.	, C	OLUMBI	AII	MD	210	45	
	20e. Method of Disp				Plece of Disposer, cr	position (Ner	me of	ce)		Date	20c. Lo	cation - (City or Tov	vn, State	
		JCremation 3 ∟ 5 ☐ Other (Specil	Removel from Sta fy)	ate 🔥	BUTUS	(Fm	CAEL) V	2-	25.98	Apr	BUTU	a r	MD	
	21. Signature of Fur	neral Service Lice	nsee D	1 11		22. Name er	nd Addre	ss of Facilit							
	1) a		CF	144	1	AUGHA	J	. GK	EENE	3 TUNI	ERAL	_	ER.	0101	n/a
	23a. Pert1. Enter the shock, or hear	e disease, or com	plications that cau	sed the dea	th. Do not e	nter the mod	e of dyl	na. such es	cardiac or	respiretory a	RAU Trest	0.	MO.	2124	The state of the s
	shock, or hear	t fellure. List only	one ceuse on eac	ch line.						, , , , , ,	,			Approxima Interval Be Onset and	tween Deeth
	Immediate Cause (F	Finel	TO	Jic.	WET	- N B C	1/ /		107	21101	- 20	T/1		2 0	- 0
	disease or condition resulting in death)		e. / / /					- th	CHI	PHAL	OPH	14	У	Za	ays
Jer			Hr-	TAST		equence of):		07	000	RCINC	N. C	1	i	1 .0	
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icia	Pert II. Other elgnifle	nent conditions	antibuting to don't	th hut not root	u die e ie de e			an in Dani		oos Dia			a_10a_ a_		
hys	r ert ii. Other ergillin	sant conditiona o	ontributing to deat	in but not res	sulung in the	underlying d	ause gr	en in Part I.							of death?
by P										1 🗆	Yes 2)	Q No	3 Prob	ably 4] Unknown
Completed by Physician/M										24a. Was perfo	en eutop: med?	sy	con	e autopsy lable prior pletion of eeth?	to
Eo										10	Yes 20	QNo	1□	Yes 2	(No
BeC	25. Wes case referre	ed to medical						26 Place	of Death	(Check only		,		1	
ToB	examiner?		Hospital:	etient 2	ER/Outnetic	ent 3 DC	Oth	er.		ne 5□Resi		□Otho	r (Specific		
L:u	27. Manner of Deeth		28e. Date of	Injury	28b. Time		28c. Inju			8d. Describe					
rtification:	1 Naturel 2 Accident	5 Pending Investigation	n	Dey Year)	Injury	М		k? Yes 2 □ l	No						
Ĭ	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Piece of	Injury - At h , etc. (Special	ome, farm, s	street, fector	y, offica		28	8f. Location (City or To		Numbe	er or Rurel	Route Nur	n <i>ber</i> ,

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director. After this certificate has been signed by the ettending physicide and completely filled in by the funaral director, page 2 should be deteched for use as the burtalytans! Division of Vital Records, P.O. Box 68760,

NAME: PATRICIA R. WALLACE

Physician /Medical Examiner

g physician end es the burian transit

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29a. Certifier (Check only one)

12 Certifying Physician; To the best of my knowledge, death occurred at the time, dete end plece, end due to the cause(s) end menner as steted. 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, dete end place, and due to the cause(s) end manner stated.

29b. Signeture and title of certified

Was

FEB 23

D 51494

29d. Date signed (Month, Dey, Year)

MD 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Print)

HOSPITAL GOO CATON AUE, 21229 RUS VIOLETA AG HES 31. Dete filed (Month, Day, Year)

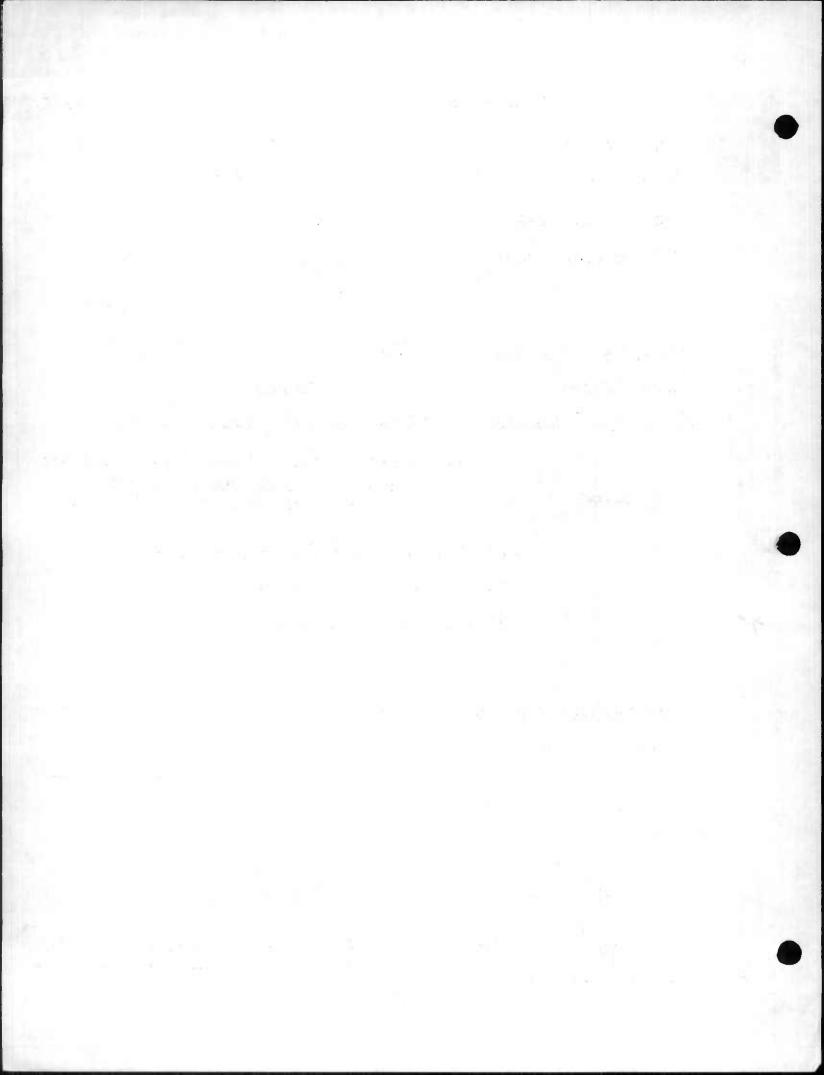
State Registrar

Medical Certific

MAME

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 98 05373

					Certific	ate of	Death		Reg. No.		
	Physici /Medi			U/LLIAMS				2. Dete of Day Month FEBRUARY	ath Days	148	3. Tima of Daath
	Examir		4a. Facility Nama (If not institution, giv			4	Ib. City, Town, or I	ocation of Daath			
		_	NORTH WEST HOS 5. Social Sacurity Number 6. S	PITAL Sax 7. Aga (In yrs. las)	t hirthday) If Un	dar 1 Yaar	If Undar 24 Hrs.	8. Data of Birt		LTIM	
	Funeral Director			OM 20 F 62	Yrs. Monti		Hours Min.	(Month, De	35, Year)	9. Birthpi Count	ace (State or Foreign try)
	permit. Pages 1 and 2 should be filed within 72 hours eftar death with the Maryland Department of Heelth and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or Nems 23a or 28a-f show important: if Itam 27 is marked other than "natural", or Nems must be not the an once.	tor	10a. Steta 10b. County MD BALTIF		Town or Location	N	A			10	0d. Insida City Limits 1 ☐ Yes 2 ☑ No
	or 284	Director	10a. Straet and Number	0	10f.	Zip Coda			10g. Citizan of V	Vhat Count	try?
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	ar de	Funeral	11. Marital Status	12. Was Dacadant Evar In U,S. Armed Forcas?	13. Was Da If Yas, s	cedant of H specify Cuba	ispenic Origin? (S in, Maxican, Puert	pacify Yes or No- o Rican, atc.)	14. Rac Blee	e - America ck, Whita, a	
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timore,	Pages 1 nent of H nt: If its		20a. Metb6d of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Ramoval from State	e of Disposition (I atary, cramatory of	or other plac		Date	20c. Location -		
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Ba	permit. Departm Importal any Inju		21. Signature of Fullaran Salvice Cicel	C Strus	VAUGI	IN C.	SS OF Fecility GREENE	FUNER	AL SEA	VICE	
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	Physician		23a. Part . Entar the disassa, or com shock, or haart failure. List only	ona causa on aach lina.		ioda or ayırı	g, saon so sarsia		1001,		Intarval Betwean Onset and Daath
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	be tis	nine		b. BILATED	ZAC !	GNES	MONIA	7			
	2 2/4	Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	Due to (or as	s a consequance	_					
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	leath certificet ettending phy d for usa as th	Medi	rasulting in death) Last	Dua to tor as	a consequance c	,,,					
ROX	ath ce	lan		d							
o.	the e	ysic	Part II. Other eignificant conditions of	ontributing to death but not resulting	ng In tha undarlyin	g causa giv	an in Part I.	23b. Dld t	obacco usa co	ntribute to	tha ceuse of death?
1	Tha law requires that the death tte has been signed by the etter bage 2 should be detached for u	by Physician/	METABOLIC	ENCEPHALOS	PHILA			10	fee 2□ No	3 Prob	ably 4 1 Onknown
rds	quires n sign	d b	Bran - Ca	ENCEPHALON NCER				24a. Wes	an autopsy		ra autopsy findings
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> >	Physician: r this certific rral director,	To	1 Yes 2™No		VOutpatiant 3□	DOA Oth	er: 4□ Nursing H	oma 5 Rasio	ance 6 Oth	er (Specify)
Division of Vital Records,	fe en	Certification:	27. Manner of Deeth 1 Natural 5 Panding 2 Accidant invastigation	(Month, Day Yaar)	Bb. Time of Injury M	28c. Injun Worl	yat k? Yas 2 □ No	28d. Dascribe I	ow injury occur	ed	
NIS	or Attai after des Director in by th	tifica	3 Suicida 6 Could not be determined	28a. Place of Injury - At home building, atc. (Spacify)	e, farm, straat, fac	tory, office		28f. Location (S City or Tow	Straat and Numb	er or Rural	Routa Number,
5	Ital or				, ,						
	To the Hospital or Attandiwithin 24 hours after death. To the Funeral Director: A completely filled in by tha fu	edicai	29e. Certifiar 1	ysician: To the best of my knowle- niner: On the basis of examination end manner stated.	dga, death occurr and/or invastiget	ed at tha tim ion, in my o	na, data and place plnion, deeth occu	, and due to the or rrad at tha tima, o	causa(s) and ma data and place,	nnar as sta and dua to	ated. tha causa(s)
	withir To th comp	M	29b. Signeture end little of cartifiar			29c. Licans			29d. Data signe		
			April	mb.		64	443912	-8	FEBRUAR	24 /	9.1998
	6		30. Nama and address of person who S701 OZD COURT	completed causa of daath (Itam 23	Ba) (Type, Print) 7	1940 000	& GEDRAL	, NORTH	WEST H	SPITA	CENTEL.
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Resident aris Signature							
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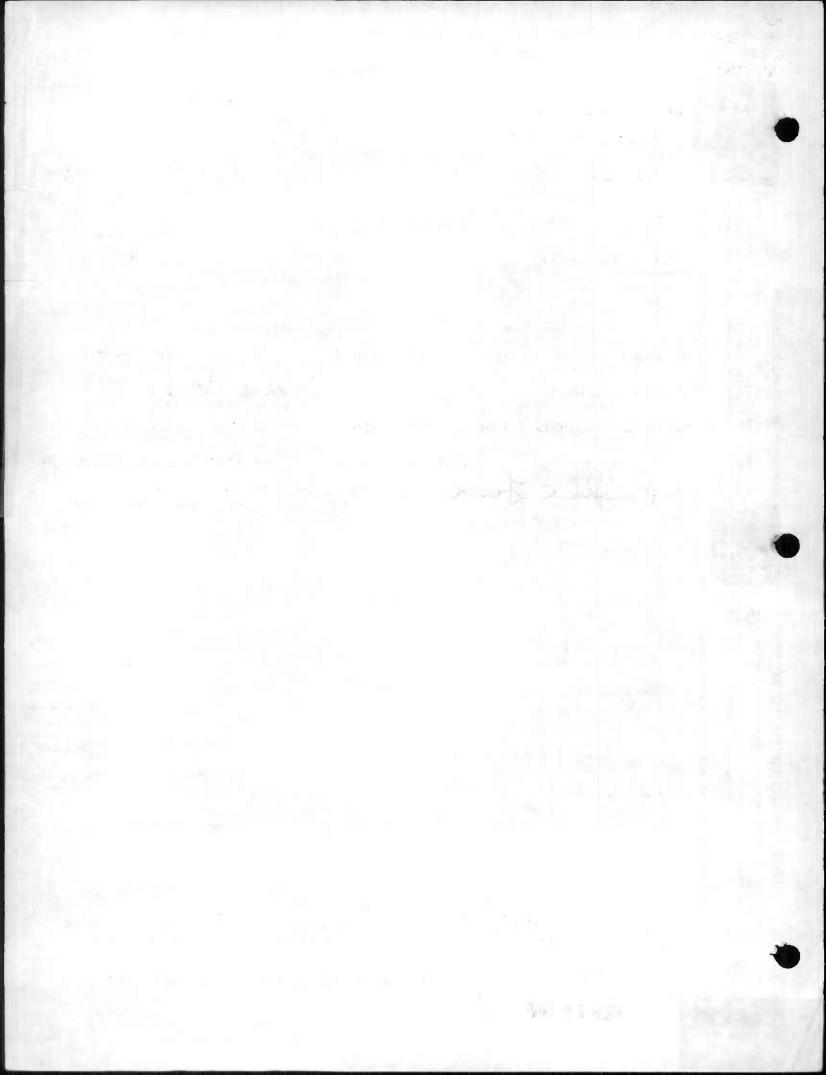
State of Maryland / Department of Health and Mental Hygiene

WILLIAMS Items: 23a part 1,27,28a-f per MEO G-758 4/2/98 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Day 1998 Month FEB. 18, **Physician** 6:01 PM. WILLIAMS RAIG /Medical 4b. City, Town, or Location of Death 4a Facility Neme (If not institution, give street end number) 4c. County of Death Examiner JOHNS HOPKINS HOSPITAL BALTIMORE NIA 5. Social Security Number 8. Date of Birth (Month, Day, Year) 3.28.58 Birthplace (State or Foreign Country) 6 Sex 7. Age (In yrs. last birthday) **Funeral** Days 10 M 20 F Months Hours 30 Yrs. Director 218.70.7304 NC Usual Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28s-f show ral", or items 23a or 28a-f ahov Examiner must be notified at 1 Yes 2 No BALTIMORE Director NIA MD 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? COURT 2122 USA 1004 WEBB Funeral death 12. Wes Decedent Ever in U,S.
Armed Forces?

1 Yes 2 No
If Yes, Give
Yeer or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14 Race - American Indian Black, White, etc. permit. Pagas 1 and 2 should be filed within 72 hours efter Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural, or ite eny injury or other traumatic event, the Medical Example. 1 Never Married 2 Married Specify: BLACK Baltimore, Maryland 21215-0020 1□ Yes 2☑ No Specify Aq 3 ☐ Widowed 4 ☐ Divorced Completed Decedent's Usual Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) SAFETY TIRE 12" GRADE NA +MER 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) PATTER80N JAMES WILLIAMS ATHERINE 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) CT. WILLIAMS 1004 WEBB MD KEZINKER 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete 20a. Method of Disposition Dete 1 Burial 2 Cremation 3 Removal from State 2.24.98 OWINGS MILLS, MD 4 ☐ Donation 5 ☐ Other (Specify) JARRISON TOREST 21. Signature of Funeral Shrvice Licensee 22. Name end Address of Facility VAUGHN C. GREENE FUNERAL SER. 5151 BALTO. NATL PIKE BALTO MD 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respirelory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) BLUNT FORCE HEAD INJURY Examiner Due to (or es a consequence of) Examiner physician and the bunal kansit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initieted events resulting in death) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of) 980 Part II. Other stanificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Records, P.O. signed by to 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of ceuse of death? should 24a. Was an autopsy Completed pege 2 1 Yes 2 No certificate 1 TYPES 2 No Division of Vital funeral director. 25. Was cese referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 No Yes 2 No Certification: To this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 1 Natural 5 Pending ne Hospital or Attending n 24 hours after death. ne Funeral Director: Afte 5:44 1 Yes aXX No investigation 2/18/98 2 Accident decedent involved in altercation 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 900 Block - Webb Court, 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4XXHomicIde street Baltimore, Maryland 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) FEB. 19, 1998 O.C.M.E. 3 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) wher 111 Penn Street, Baltimore, Maryland 21201 avil 32. Hogina's Signature 31. Dete filed (Month, Day, Year) State FEB 2 3 1998

Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name /First Middle Last 2. Date of Death Month OWEN FEBRUARY 1888 0:22 BM 16 4a. Facility Nama (If not institution, give straet and number) 4b. City, Town, or Location of Death 4c. County of Death ENTER BACTIMUNE BALTIMORE MARBUR MUSPITAL 7. Aga (In yrs. last birthday) If Under 1 Year If Undar 24 Hrs. 5. Social Security Number 8. Date of Birth (Month, Day, Year) Birthplace (Stata or Foreign Country) Days Hours 1 ★M 2 ☐ F Yrs. 224-22-3044 Virginia Jan 12, 1921 Usual Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yas 2 No Maryland Baltimore Woodlawn 10e. Street and Numbar 10f Zin Code 10g. Citizen of What Country? 7211 Kennelbunk Road 21207 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 14. Raca - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 1 Never Married 2 Married 1 ☐ Yas 2 X No If Yes, Give Year or Datas: 1 ☐ Yes 2 ☑ No Specify: 3 ☑ Widowed 4 ☐ Divorcad Specify: White 15. Decadent's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Years Auto Mechanic Automotive 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Rufus A. Ward Virginia Hylton 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Maureen Shanklin 3113 Richwood Avenue Balto. MD 21244 20e. Method of Disposition 20b. Placa of Disposition (Nama of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☐ Burial 2 ICramation 3 ☐ Removal from Stata 4 Donation 5 Other (Specify) Baltimore Washington Crem 2/23 Laurel, Maryland 21. Signatura of Funeral Service Licensee 22. Name and Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one ceuse on each line. Approximate Interval Between Onset and Death Immediate Cause (Final VENTRICULAR AMMINIMA SO MIN disease or condition resulting in death) Due to (or es e consequence of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or injury that Initiated events resulting In death) Last Due to (or as a consequence of): Dua to (or as a consequence of) Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobecco use contribute to the cause of death? PERIPREME VASCULAR DISEASE, 1 Yee 2 No 3 Probably 4 Onknown 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yes 2€ No 1 Yes 2 No 25. Was case referred to medical 28. Place of Deeth (Check only one) Hospital: 1 ☐ Impatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 Yes 2 No 27. Menner of Deeth Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending investigation 1 DNatural

Box 68760. The law requires that the death certificate P.O. signed I Records, paga 2 certificata Division of Vital

Physician/Medical Examiner þ Completed To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completaly filled in by the funeral director, it Be Certification: To

Physician

/Medical

Examiner

Funeral

Director

28a-f show

Items 23a

pernit. Pages 1 and 2 should be filed within 72 hours effer of Department of Health end Mantal Hygiena. Important: if Nem 27 is marked other than "natural", or the may injury or other traumatic event, the Wedical Evantment page.

Physiclan /Medical

Examiner

Baltimore, Maryland 21215-0020

Directo

Funeral

by

Completed

traumatic event, the Medical Examiner must be notified at

the Marylend

State Registrar

Chawka JAJUI MORN 32. Registrar's Signature

(mad). C

6 Could not be determined

2 Accident

3 ☐ Sulcide

29a. Certifier

edicai

4 Homicide

(Check only one)

29b. Signature and title of certifie

-ESIDEMI) MARSON

propersologn

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

2441614.

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

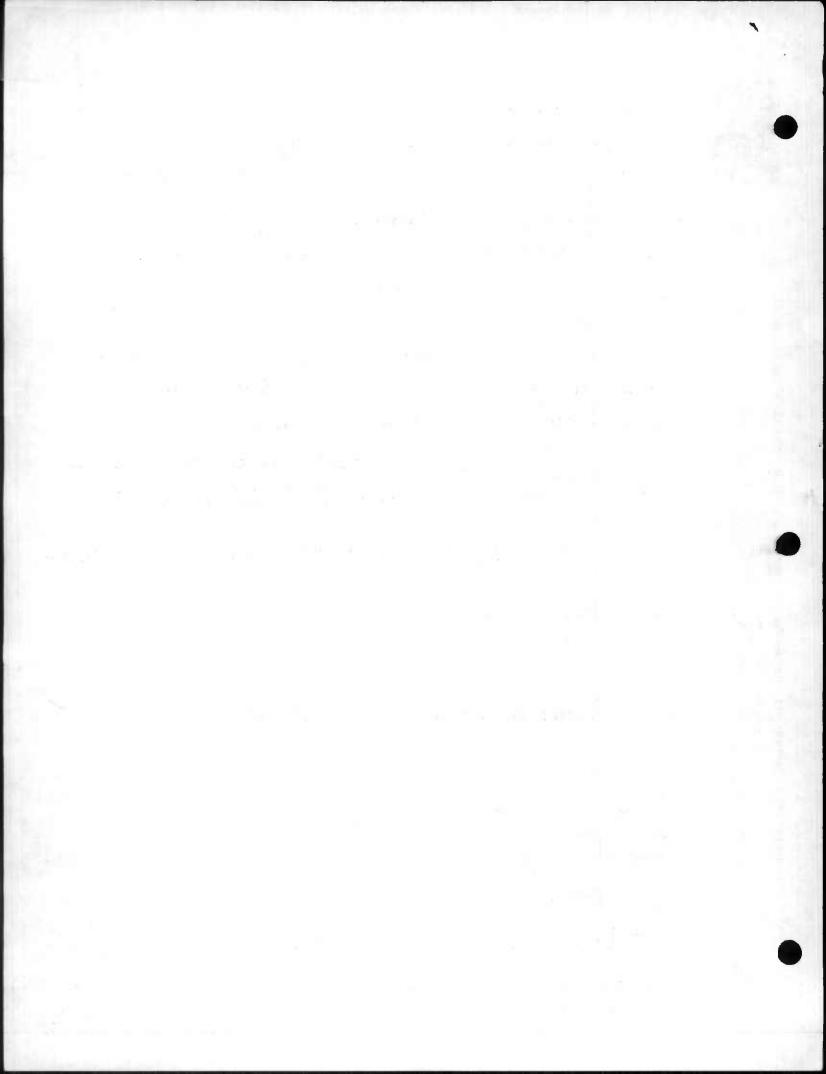
1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Day, Year) FEBRUARY 16, 1988.

28f. Location (Street and Number or Rural Route Number, City or Town, State)

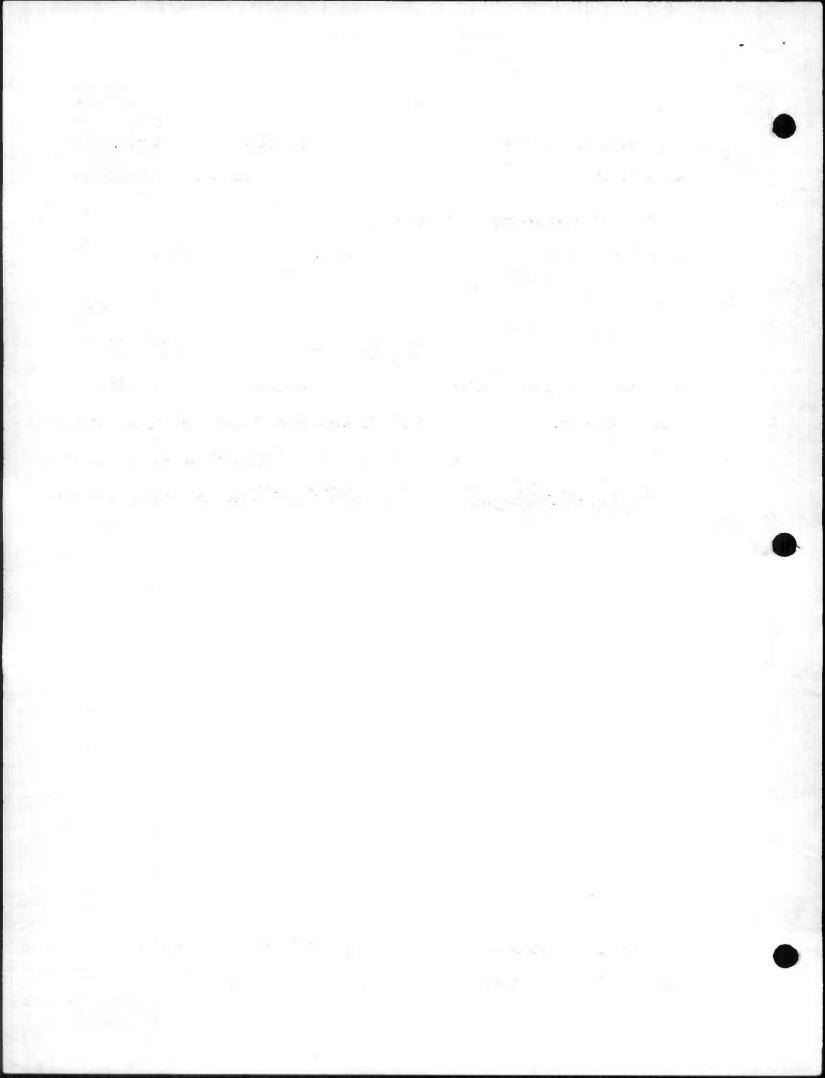
30. Neme and address of person who completed cause of death (Item 23a) (Type, Print)

MUSPITAL CENTER, BALTIMORE, My 21225



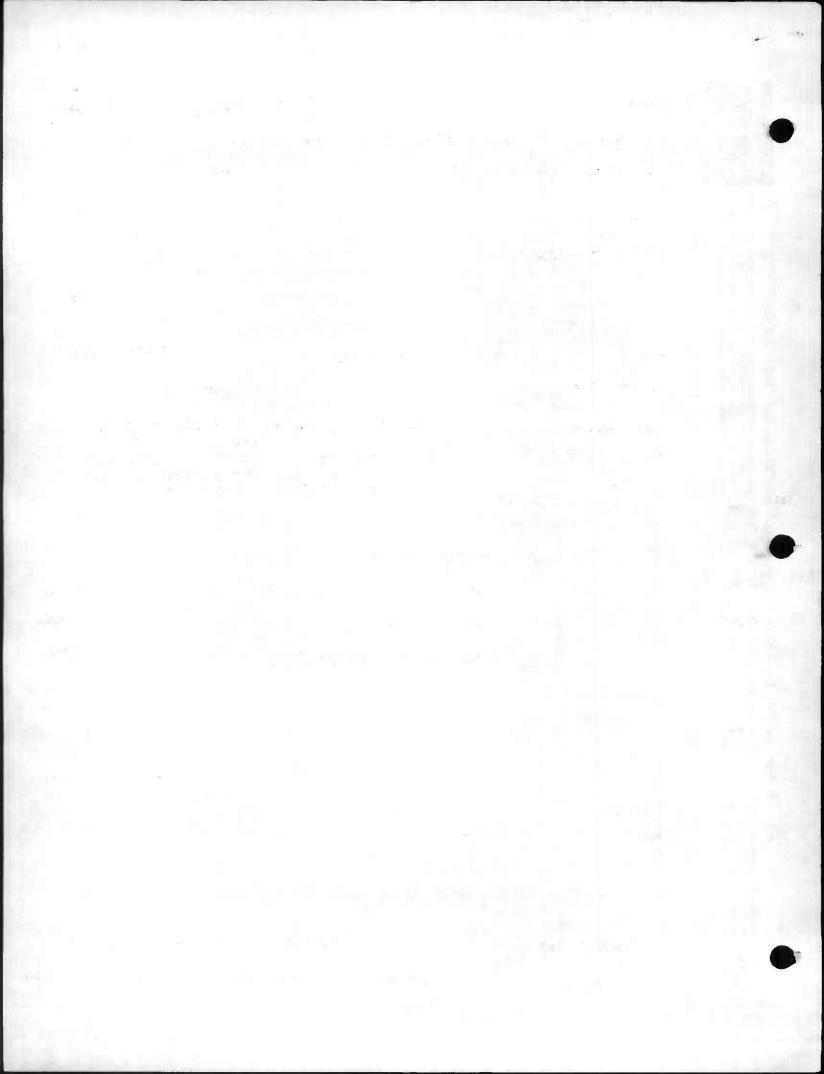
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	and w		Usual Rasidance of Decedant 10a. Stata 10b. County		10c. Ci	ty, Town or Loc	ation				10	d. Inside City Limits
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	3a or 28a	Il Direct	10e. Street and Number 7200 Third Avenue				10f. Zip Coda 2178	4		10g. Citizan of U.S.A.	What Count	ry?
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	6		30. Nama and addrass of person who			n 23a) (Type, F	Print)			0. R.	infan	town, MJ 21136
	Sta Registr		31. Data filed (Month, Day, Year)	32. Ragistr		atura	1.00	4.7				21136



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to	MD N	/A			BALTO					XXYes 2□
Director	0e. Street and Number	,			10f. Zip Code			10g. Citizen of V	Whet Count	try?
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	TRENE VOUNC			602 N	CLIN	TON ST	BALT	O, MD	2120	5
2	IRENE YOUNG Oa. Method of Disposition Surial 2 Cremetion 3 4 Donation 5 Other (Speci			Plece of Disposition in the Disposition in the Plece of Disposition in the Disp	on (Neme of ory or other pla	ece)	EB 25	BALTO		wn, Stete
2	21. Signature of Furerel Service Lice			22 N	ama end Addr	ess of Fecility T	BETTS E	TIMEDAT	TIOMI	7
	14/1.6	Rock		112	29 N C	ATOLINE	BALTO	, MD 212	213	3
1	23a. Part1. Enter the disease, or cor shock, or heart feilure. List only	nplications that ceus y one cause on each	ed the deel	h. Do not enter t	ne mode of dy	ing, such es cerdi	ac or respiretory e	orrest,		Approximete Interval Between Onset and Death
10	Immedieta Ceuse (Final diseese or condition resulting in deeth)	e. Re		ry fziluh					1	1 hour
The state of the s		b St	psis	., 00 0 0011004001	100 017.					2 days
1	Saquentially list conditions, if any, leading to Immediate bases. Enter Underlying Ceuse (Disease or injury hat initiated events			or es e consequer	nce of):					2
alcal c	ceuse. Enter Underlying Ceuse (Disease or injury that initieted events	сВ		vitoniti S	on of).					2 weeks
8 '	asulting in death) Last			k after C		e chomy				2 weeks
MAL		d	×10 10	e siti	ito io cy 8	CCTOTIVY				
Physician/M	Pert II. Other significant conditions	contributing to death	but not ras	ulting in the unde	rlying causa g	ivan In Part I.	23b. Dld	tobacco usa co	ntributa to	the causa of dea
by Phy							1 🗆	Yes 2 No	3 Prob	ebly 4□Unkn
-								en eutopsy ormed?	ava	ere eutopsy finding aileble prior to mplation of causa deeth?
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2	1 Manner of Deeth 1 Maturel 5 Pending 2 Accident 3 Suicide 6 Could not determined 4 Homicide	on 28e. Plece of	Dey Year)	28b. Time of Injury ome, farm, street,]Yes 2□No	28f. Location	(Streat and Numb		l Route Number,
		hysician: To the besing the besing the miner: On the besing end menner	of exemine							
-	29b. Signeture end title of certifier					se number		29d. Data signe	d (Month, I	Day, Year)
_	factles in					- RES		februan-8	2	1997
3	10. Name entraddress of person who	completed cause o	t deeth (Iter	4300 North	n charle	s street	Appar ment	2-D Batti	MOE MO	MIMO 212
	MALLY LIVING MILL			Amag. 1 4				- 144		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, La			Certifica	ate of	Death	2. Data of De) U	3. Time of Death
Physicia /Medic		Clarence H	Zellen					Month	13	A.B.	6:24 P.H
Examin	-	4a. Facility Name (If not institution, giv Johns Hopkins	Bay View	Medi	cal Cen	ter	4b. City, Town, or Baltime				e City
Funeral Director		213-03-1326	M 2 F	(In yrs. last bi	Yrs. If Und Month	ier 1 Year s Days	If Under 24 Hrs Hours Min		th y, Year)	9. Birthr Coul Mar	plece (State or Foreign ntry) Yland
anyland show		Usuel Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	n or Location					1	Od. Inside City Limits
the Mary	tor	Maryland N/A			Baltim	ore					1X Yas 2□ No
or 284	irec	10e. Street end Number			10f. 2	Zip Code			10g. Citizen of	Whet Cour	ntry?
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urs a	by Funeral Director	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorcad	12. Was Decadent Ev Armed Forces? 1 X Yes 2 □ No If Yes, Giva Yaar or Detes: 1		1 □ Vas		dispenic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)	14. Rad Ble Specif	ck, White,	can Indian, etc. hite
d within 72 hours af giene. r than "naturel", or	Completed	15. Decadent's Ec (Specify only highest gra	ucation da completed) College (1-4or 5+)		life. DO NOT	vork done use retire	during most of wo	rking	16b. Kind of B		
	ပ္ပ	9th Grade 17. Fether's Neme (First, Middle, Last)		В	ook Bin	aer	18 Mother's No.	me (First, Middle,	Morris		wre
0 40 0	To Be	Paul Valentine Ze	llon					re Hurlei		110)	
should b nd Mente marked imatic e	F	19a. Informent's Neme/Relationship (196	. Mailing Addre	ss (Street	end Number or R			. Stete. Zic	Code)
		Sadie R. Zeller	(wife)	l l			lvenue, E				
or othe		20e. Method of Disposition 1 Buriel 2 Cremetion 3 4 Donetion 5 Other (Specify	Removal from Stete	20b. Plece o cemete	f Disposition (A ry, crematory o NS 0 f F	lame of rother pla	се)	Date 16/98	20c. Location	- City or To	
permit. Pege Department of Important: If any injury or once.		21. Signeture of Funeral Sarvica Licen	Jack J		Schi	munek	ess of Fecility 2 Funeral 1ms Lane,			zulan	d 21213
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/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)				-1-	diomyo	pathy			3 weeks
	Je	acute anterolatival myocardial infarcti									
	Examiner	Sequentially list conditions, if eny, leading to immadiate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events	b		consequence		7.6		1.014.01		
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requires that the death cer een signed by the attendin hould be deteched for use	by Physician/	Pert II. Other significent conditions of	entributing to death but	not resulting l	n the underlying	cause giv	ven in Pert I.	23b. Did	,	3 Pro	the cause of death
requir bould	Completed b								en eutopsy rmed?	ev	ere eutopsy findings eileble prior to mpletion of causa deeth?
The law ate has b	Eo							10	es 20 No		Yes 20 No
sicien: The law certificate has b irector, page 2 s	Be	25. Wes case referred to medicel					26. Plece of De	eth (Check only o	11		***
this alo	2	exeminer? 1	Hospitel: 1 Inpatient 28a. Date of injury (Month, Day)		Itpetient 3 1	28c. Injui Wo	4 LI Nursing r	fome 5 Resid	denca 6 Ott		(y)
P P P	Certification:	3 Sulcide 6 Could not be determined	28e. Plece of Injury building, etc.	- At home, fe (Specify)	orm, street, fect			28f. Location (S City or Tox		ber or Rure	el Route Number,
To the Hospital within 24 hours To the Funerell completely filled	edical	29e. Certifier 1 Certifying Phy (Check only one) 1 Medical Exam	reician: To the best of r Iner: On the basis of en end menner stete	camination en	, death occurre d/or investigate	d et the tir on, in my d	me, date end plece opinion, deeth occu	e, end due to the urred et the time,	ceuse(s) and modate end piece,	enner es s end due te	teted. the ceuse(s)
Toth within	X	29b. Signeture end title of cartifier Michael A. W	medicinan M	al resi	dent 2	9c. Licens D 5	2451		2/13/	d (Month,	Day, Year)
Et		30. Name and address of person who of Johns Hopkins	ompleted cause of dee	th (Item 23e)	(Type, Print)	'v	2451 4940 B	Eastern /	Avenue 212	24	a programme de l'argonne de la companyon
State Registra		31. Dete filed (Month, Day, Year)	22. Registrer	Signeture	2.00			ı			

2.50

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month FEB James Markley Ashlev

Deys

4b. City. Town, or Location of Death

Hagerstown

If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

4c. County of De

October 12, 1927

Washington

Birthpleca (State or Foreign Country)

Maryland

Physician /Medical Examiner **Funeral** Director 28a-f show ò Items 23a Baltimore, Maryland 21215-0020 natural, or

4e. Facility Neme (If not institution, give street end number)

5. Sociel Security Number

220-74-2070

Usuei Residence of Decedent

Washington County Hospital

6. Sex M 2□ F

7. Age (In yrs. lest birthday)

0

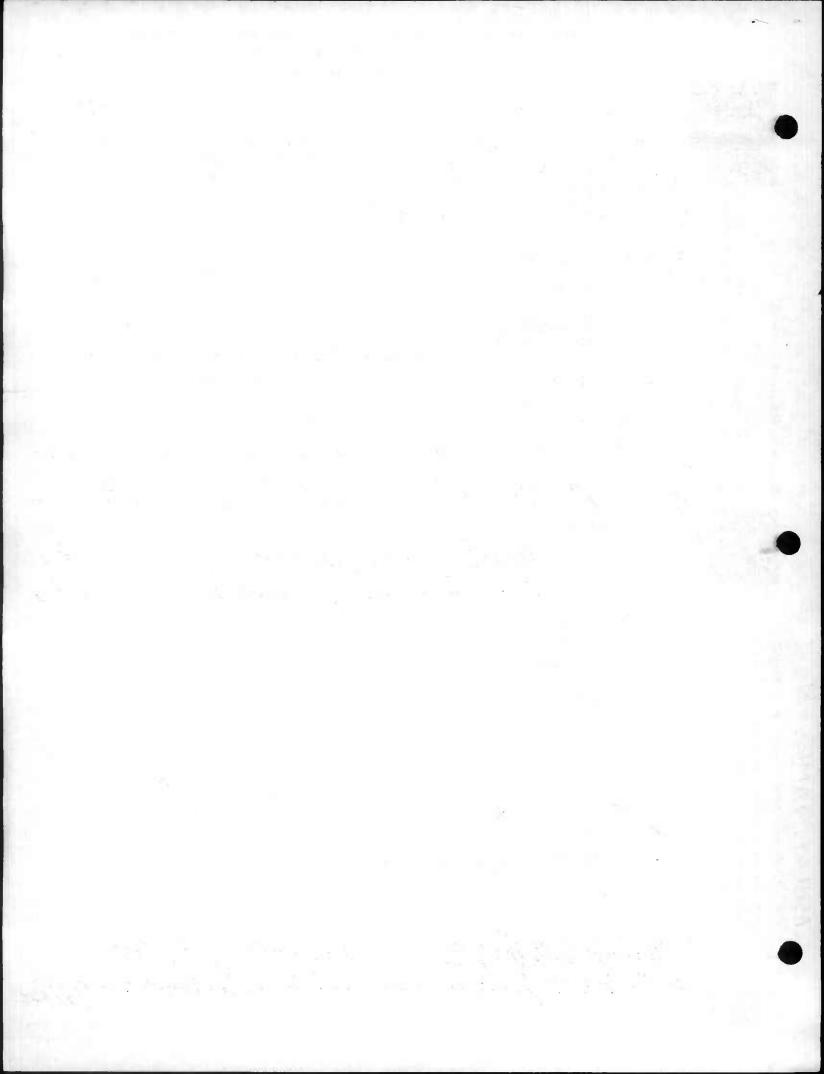
Yrs.

10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Maryland Washington Clear Springs 1 ☐ Yas 2♥ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 11904 Big Springs Road 21722 USA 12. Was Decedent Ever In U.S. Armed Forces? 13. Wes Decadent of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 1 Navar Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Datas: 1 ☐ Yes 2√☐ No by Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within.
Department of Heelth and Mantai Hygiens, important: if lean 27 is marked other than "neny injury or other traumatic Elemantary/Secondary (0-12) Collage (1-4or 5+) Goodwill Industries laborer Goodwill Industries 17. Fathar's Name (First, Middla, Last)
James Markley 18. Mother's Neme (First, Middla, Maiden Surname) Be Ashlev Isabel Cascy Eva 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stata, Zip Code) 19e. Informent's Neme/Relationship (Type, Print) Dorothy Bates Baltimore, Maryland 21221 105 Roundup 20e. Method of Disposition 20b. Plece of Disposition (Neme of Dete 20c. Location - City or Town, State Cemetery, crematory or other pieca)
Smithsburg Crematory 1 Buriai 2 Cremation 3 Removel from State 2/9/98 Smithsburg, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) fature of Funeral Service Licenses 22. Name and Address of Fecility
Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 21740 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not entar the mode of dying, such as cerdiac or respiratory arrest, shock, or hear feilura. List only one cause on aach lina. Approximate Intervel Batween **Physician** /Medical Immediete Ceusa (Final diseasa or condition resulting in deeth) Examiner fransit Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Undarlying Ceuse (Disaese or Injury that Initiated events resulting In deeth) Last end physician er Physician/Medical Due to (or as a consequence of): Pert II. Other algnificant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 □ Probably 4 □ Unknown ð Completed 24a. Wes an eutopsy performed? 24b. Wara autopsy findings aveilebla prior to completion of ceuse of death? page 2 certificate 1 ☐ Yas 2 ☐ No Vital director, Be 25. Wes cesa referred to medical 26. Placa of Death (Check only one) 1 ☐ Yes 2 No Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) 2 1 Inpatient 2 ER/Outpetient 3 DOA of this funeral 27. Manner of Deeth 28d. Describe how Injury occurred Hospital or Attending PI
 Abours effer death.
 Funeral Director: After the Certification: 28b. Time of 28c. Injury at Work? 1 Neturei 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, streat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) á 4 Homicide To the Hospital or within 24 hours eff To the Funeral DI completely filled in Certifying Physician: To the best of my knowledge, daath occurred at tha time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred et the time, date end place, and due to the ceuse(s) and memore steted. Medical 29a. Certifier (Check only one) 29c. Licansa number d ceuse of deeth (Item 23a) (Type, Print)

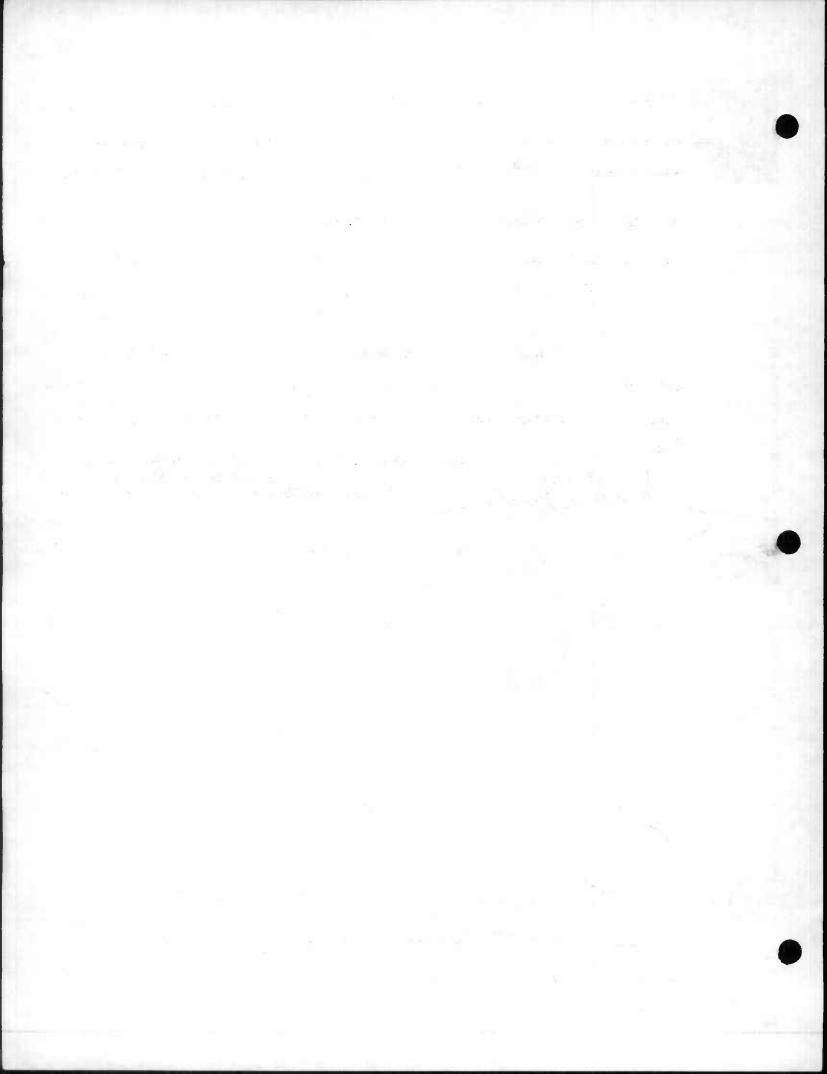
State Registrar

31. Dete filed (Month, Day, Year)



State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 3 8 0

DI1-1		1. Decedeni's Name (First, Middle, Last					2. Date of Death			3. Time of Death	
Physici /Medic		JENNIE SANTA	MARIA	A AMA	SCATO			25, 19	98	1:42 PM	
Examir	ner	4a. Facility Neme (If not institution, give	street and number)			4b. City, Town, or Le	ocation of Death	4c. County of	Death		
		NORTH ARUNDEL HOS				GLEN BUR		ANN	E AR	UNDEL	
Funeral Director		5. Social Security Number 113-22-7350 Usual Residence of Decedent	х]м 2 М F	e (In yrs. lest birt	Months Days		8. Dete of Birth (Month, Day, JAN . 10		NEW 1	ee (State or Foreig) YORK	
e. an "natural", or items 23a or 28a-1 show Medical Examiner must be notified at	_	10a. State 10b. County		10c. City, Town	or Location				10d	Inside City Limit	
Pag-	Director		RUNDEL		GLEN BURNI	E				1 ☐ Yes 2 RN	
0 8		10e. Sireet and Number			10f. Zip Code		10	g. Citizen of Wh	at Country	7	
23	Funeral	204 3RD AVENUE, S	. W . 12. Was Decedent	Ever in 11 C		1061	noite Van au Na	14. Race -	American	Indian	
T S	S	11. Marital Status 1 Never Married 2 Married	Armed Forces?		13. Was Decedent of If Yes, specify Cul	oan, Mexican, Puerto	Rican, etc.)		White, etc		
ro .	by F	3 Widowed 4 Divorced	If Yes, Give Year or Dates:	40	1☐ Yes 2💢 No	Specify:		Specify:	WH.	ITE	
atura cal E		15. Decedent's Edu	cetion	16a.	Decedent's Usuai Occu	pation	1	6b. Kind of Busi	ness/Indus	strv	
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0 0	To B	ROSARIO		DiFRANC	CESCA	SANTA				BIANCA	
DEE		19e. Informant's Name/Relationship (T)	rpe, Print)	19b.	Mailing Address (Stree	t and Number or Rur	al Route Number,	City or Town, St	ete, Zip Co	ode)	
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tam 2 r other		20a. Method of Disposition		20b. Place of	Disposition (Neme of	acel	Date 2	Oc. Location - C	ty or Town	, State	
5 to = 0		1 XBurial 2 ☐ Cremation 3 ☐ F 4 ☐ Denation 5 ☐ Other (Specify)			CERANS CEME		/29/98	CROWNSVI	LLE	MD	
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One and one of the other		I bud O	oul_		1 SECOND	AVENUE, S	S.W., GLE	N BURNI			
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hysician	1	shoot, or heart failure. List only one cause on each line.									
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	_	resulting in death)		Due to (or as a c	onsequence of	2	_		Η,	og	
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eral d	T.	27. Manner of Deeth	28a. Dete of Inju	ry 28b. T	me of 28c. Inju	iry at	28d. Describe ho				
aft. Ffun	otte	1 ✓ Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, De)	rear) in		ork?]Yes 2 ☐ No					
or dea	Certification:	3 Suicide 6 Could not be	28e. Place of Inju	ry - At home, far	m, street, factory, office		28f. Location (Str		or Rural F	Route Number,	
Direction of in	ert	4 Homicide	building, etc	:. (Specify)			City or Town	, 5(9(9)			
within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral d	edicai (29a. Certifier (Check only one) Cartifying Physical Examination	ner: On the besis of	examinetion end	death occurred at the t /or investigation, in my	ime, date and place, opinion, death occur	and due to the ca red et the time, da	use(s) and menr ite and place, an	er es state d due to th	ed. ne ceuse(s)	
ithin of the	Mec	29b. Signeture end little of certifier	and manner sta	_	29c. Licer	se number	29	d. Dale signed (Month. Da	v. Year)	
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					1	17106				178	
	P										
		30. Name and address of person who co	empleted cause of d	eath (Item 23a) (Type, Print) rain Towe	rs 9/an	Burn	ie M	0/21	06/	



State of Maryland / Department of Health and Mental Hygiene

05381

				Certificate of	Death	Re	g. No.	0 6	7001
			Decedant's Nama (First, Middla, Last)			2. Dete of Deet		Vane	3. Tima of Death
	Physici /Media	_	JOHN E. ALTOX) In		Month		Year 98	1629
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7			ANNE Arunde Ger	1+05P	HNNA	po/15	H	14.	,
d i	Funeral		5. Social Security Number 6. Sex 7. Age (In yrs. In	ast birthday) If Under 1 Yaar Months Devs		8. Data of Birth (Month, Day,	Veer	9. Birthpl	lace (State or Foreign try)
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	effer death with the Marylan or frems 23a or 28a-f show arrance must be notified at	Funeral	11. Marital Status 12. Was Decedant Evar in U.S Armed Forces?	S. 13. Was Dacedant of If Yas, specify Cul	Hispanic Origin? (Spe ban, Maxican, Puarto	ecify Yas or No- Rican, atc.)	14. Race Black	- Amarica Whita, a	
20	filed within 72 hours efter death with the Maryland Hygiene. ther than "netural", or items 23s or 28s-f show ent, the Medical Examiner must be notified at	by F	1 ☐ Navar Married 2 【 Married 1 ☐ Yes 2 (No If Yas, Giva 3 ☐ Widowad 4 ☐ Divorced Yaar or Datas:	1 ☐ Yas 2 🎇 No	Specify:		Specify:	Whit	e
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P	filed with Hygiene. rther than	ŭ	17. Fether's Nama (First, Middle, Last)	Glaziei	18. Mother's Name	(First, Middla, N	laidan Sumama)	
lan	d be entel	To Be	Ralph Titterton Alton		Mar	garet V.	Asquit	h	
2	shoul nd M	F	19a. Informant's Name/Ralationship (Type, Print)	19b. Mailing Addrass (Straa			-		Coda)
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JU O	Pages nent of I nt: If Ite		1X_MBurial 2 U Cremation 3 U Ramoval from Stata	matary, cramatory or other pla 1crest Memoria	1	. 2/6/99	Annono	1:0	Manuland
Baltimore, Maryland 21215-0020	permit. Par Departmen Important: eny Injury once.	1	21. Signatura of Funarai Servica License						Home, Inc
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			23a. Part 1. Entar tha disaasa, or complications that caused tha daath shock, or haart failura. List only ona causa on each lina.	. Do not antar tha moda of dy	ing, such as cardiac o	or raspiratory arre	ast,		Approximata Interval Batween
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68760,	The law requires that the death certificete be executed to has been signed by the ettending physician end page 2 should be detached for use as the buriel-transit	edicai	that initiated avants rasulting in daath) Last Due to (or	as a consequance of):					
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360	has t	mpi						of o	daath?
18		3				1 □ Ye	s 2 No	1[Yas 2□ No
Vital Records,	Attending Physician: The lav r death. ector: After this certificate has by the funeral director, page 2	Be	25. Was casa rafarred to medical axaminar?		26. Place of Death	(Check only on	a)		
of	Physic this c	2		Ervoutpatient SLI DOA		me 5 Rasida			1)
L C	After I	on:	1 Natural 5 Panding (Month, Day Yaar)	28b. Tima of 28c. Injury We		28d. Dascribe ho	w injury occurre	d	
Sic	death death ctor: / y the f	cat	2 Accident investigation		Yes 2 No	0011			10
Division	efter d Direct	Certification:	4 Homicida datarmined 28a. Place of Injury - At hor building, atc. (Specify,	ma, farm, straat, factory, office ')		28f. Location (St. City or Town	reet and Number o, Stata)	r or Hura	I Houta Number,
	urs e urs e seiled								
	Hospital 24 hours Funeral rely filled	edicai	29a. Cartifiar (Check only one) Check only one)	vledga, daath occurred at tha t lon and/or invastigation, in my	tima, data and place, a opinion, daath occurr	and dua to tha ca ed at tha tima, da	ausa(s) and man ata and placa, ar	nar as st nd dua to	ated. tha causa(s)
	the side	Med	one) and mannar stated. 29b. Signature and title of cartifier	29c Licer	nsa number	2	9d. Data signed	(Month	Day, Yaar)
	Vill To Co		VIII: 0 ()						
5	1		Millian V. Jyson	no U	O605 Amer	,	0 /5/	77	,
	1		30. Nama and addrass of person who completed cause of death (Itam	23a) (Type, Print)	1	21.4	0107	4	No.
-	,e40	91	31. Data filad (Month, Day, Yaar) 32. Registrar's Signat		Mer	ICH	2100)	
	Sta Registr	200	FEB 0 5 1998 File Davidso	n-Randell					
	200	I I	1 10 00 1000 1000						

A 411 35

Certificate of Death 3. Time of Death 2. Date of Death 1. Decedent's Name (First, Middle, Last) EYSON Month **Physician** 9:38Pm JANUARY 27, 199 /Medical 4a Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner GIEN BURNIE COUNTY ARUNDEL HOSPITAL WORTH If Under 24 Hrs. If Undar 1 Yaar Birthpiaca (Stata or Foraign Country) 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) Funeral 1□M **XX**F Deys 213-32-8643 Yrs. 62. MI. **Director** Uaual Realdence of Decedent with the Maryland 10a. Stata 10b. Counts 10c. City, Town or Location 10d. Insida City Limits r 28a-f show 1 ☐ Yes 2 No M. Anne Arundel Director Pasadena 10g. Citizen of Whet Country? 10e. Street end Number 10f. Zip Code 7 is marked other than "natural", or items 23a or traumatic event, the Medical Examiner must be 8013 Corkberry Ct. 21122 U.S.A. permit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Nems 23s Funeral 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian. 11. Marital Status Black, Whita, atc. 1 Yes 2 No If Yes, Give Yaar or Dataa: 1 Never Married 2 ☐ Merried 1 Yes 2K No Specify Specify: White p 3 Widowed 4XXDivorced Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry ANDERSON HARY Elamentary/Secondary (0-12) College (1-4or 5+) homemaker own hame 17. Fether'a Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Herbert Butler Margaret Nussle 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Kelly L. Ludemann (Daughter) 8164 Great Bend Rd., Glen Burnie, Md. 20b. Placa of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, Steta Important: If It any Injury or o 1 Burial 2 Cremation 3 Removal from Stata 1/31/98 Middletown, Mi. 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Addrass of Facility Donald B. Thompson Funeral Home 21. Signature of Funeral Servica Licensee 31 E. Main St., Middletown, Md. 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or raspiretory arrest, shock, or heer feilure. List only one cause of each line. Approximete tntervat Between Onset and Deeth **Physician** 13 month /Medical Immediate Ceuse (Finet disease or condition resulting in deeth) Examiner physician end the burial-transit The law requires that the death certificete be executed Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseasa or Injury that Initiated events rasulting in death) Last Division of Vital Records, P.O. Box 68760, Dua to (or as a consequence of):

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ?

Physician/Medical Examiner als. esn s cartificata hes b director, paga 2 s Be

by Completed To

edical

Certification:

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

funeral

25. Was case referred to medical examiner? 1 Tyes 2 □ No

27. Mannar of Death 1 Naturel
2 Accident 3 ☐ Suicida 4 Homicide

6 Could not be determined

1 Inpatient 2 ER/Outpatient 28a. Date of Injury (Month, Dey Year) 5 Pending Investigation

28a. Place of Injury - At homa, farm, street, fectory, office building, etc. (Specify)

28h. Time of

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 28d. Describe how Injury occurred 2 No 1 Yes

26. Pleca of Death (Check only one)

Location (Streat end Number or Rural Route Number, City or Town, Stete)

2 No

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner es stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and dua to the ceuse(s) and manner stated. 29a. Certifier (Check only one) 29b. Signature and title of certifier

3 DOA

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) NIMMAGADDA

Crain S. Crain

31. Dete filed (Month, Day, Year)

FEB 6

1600

DHMH 16 Rev 6/95

Registrar

or Attanding Physician:

Hospital

After this

24 hours after deeth.

Funeral Director: A

To the within 2

23h. Did tobacco use contribute to the cause of death?

3 Probably 4 Unknown

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

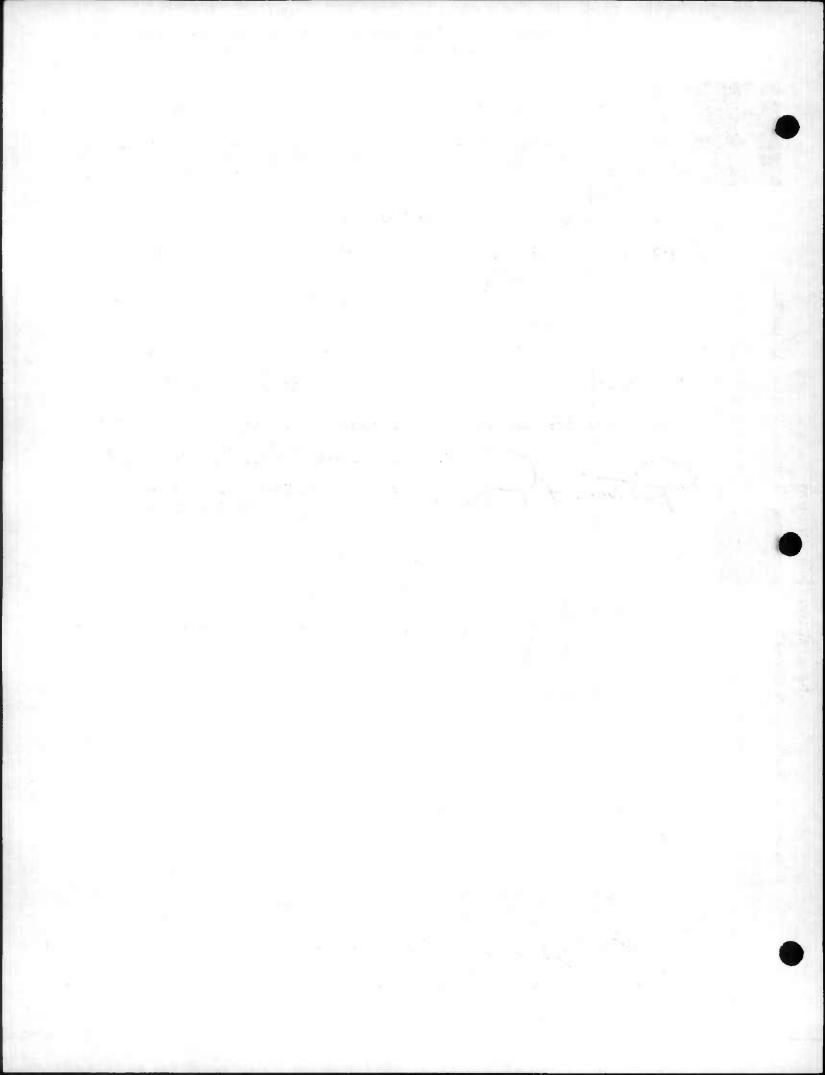
1 Yes 2 No

24e. Was an autopsy performed?

ower

	_			A December No.			Certificat		Death		Reg. No.	<i>y</i> 05	383
		Physic /Medi		1. Decedent's Name (First, Middle, Rae Hauver 1	Brandenburg					2. Data of Do	Day 10	Year 998	3. Time of Death 0635
		Examil Funeral Director	ner	4a. Facility Name (If not institution, Washington (5. Social Security Number 219-54-0319	County Hosp	ital 10 (In yrs. lest birth	nday) If Under Months	1 Year Days			Was	hinato	on. Se (State or Foreign Land
		_	ō	Usual Residence of Decedent 10a. State 10b. County Md. Frede	nich	10c. City, Town	or Location	00					Inside City Limits 1 ☐ Yes 2 ☑ No
		with the N 3a or 28a-f	i Director	10e. Street and Number 14746 Herman H		3000	10f. Zip		80		10g. Citizen of	What Country	
	20	rurs effer death with the Menylar sit, or items 23s or 28s-f show Examiner must be notitled at	by Funeral	11. Marital Status 1 □ Navar Married 2 □ Marrie 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yas 2 1	Ever in U.S.		lent of I	Hispanic Origin? (Sp an, Mexican, Puerto	pecify Yes or No Rican, atc.)		e - Americen ck, White, etc	2.
	21215-0020	in 72 ho "natur	Completed b	15. Decedent's (Specify only highast Elementery/Secondary (0-12)	Year or Dates: Education grade completed) College (1-4or 5		Decedent's Usua 'Give kind of wo life. DO NOT us	al Occup rk done se retire	pation during most of work	king	16b. Kind of B	wne	
	land 21	d 2 should be filed with th and Mental Hygiene. 7 Is marked other than traumatic event, IT = M	To Be Con	17. Father's Name (First, Middle, Le Alvey Hauver	2		Tea	che	18. Mother's Nam			,	
	, Maryland	d d d d d d d d d d d d d d d d d d d	Ţ	19a. Informant's Name/Relationship Harold Brandenbi		n) 33	Carria	20 1	tand Number or Ru	rai Route Numb	per, City or Town,	State, Zip Co	ode)
	Baltimore,	permit. Pages 1 en Depertment of Healt Important: If Item 2' any Injury or othar		20a. Method of Disposition 1 ⊠ Burial 2 □ Cramation 3 1 □ Dispution 5 □ Other (Spe	cify)	20b. Place of I cometery Mt. Mo.	Disposition (Nan crematory or o riah Lu	ne of ther pla the	ran Cemet	1998 ery	Foxvill	City or Town	, State
enburg	Ba	Depe Impo any is		21. Signature of Funeral Gervice Lie	X Na	the death Do no	Davis	Fune	ess of Facility Pral Home	Smiths	bura Md.	21783	3 pproximate
Banden		Physician /Medical Examiner		23a. Part1. Enter tha disaesa, or co shock, or heart failure. List or Immediate Cause (Final disease or condition resulting in death)	a	Dum to (or as a co	lar		ibrilla			- In	terval Between inset and Death
ae Hauver-Bi	× 68760,	The law requires that the death certificate be executed ate has been signed by the ettending physician and page 2 should be deteched for use as the bunet-trensit	/Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last	b. Acc		mya consequence of):	i al	rdial heart	in fi dise	arctio use	4	Thour years
B	P.O. Box	es thet the deeth certificioned by the ettending be deteched for use et	Physician/M	Part II. Other significant conditions	contributing to death b	ut not resuiting in	the underlying c	ausa gi	ven in Part I.		tobacco use co		ne cause of death?
	Division of Vital Records,	he law requires the le hes been signe ege 2 should be d	Completed by							perf	s an autopsy ormed?	availa comp of dea	autopsy findings able prior to eletion of cause ath?
	Vital	sician: The certificate hi	Be	25. Was case referred to medicel examiner?	Hospital:	enf 2 XER/Outp	patient 3 DC	Ott	28. Place of Dea	th (Check only	one)		
	sion of	al or Attending Physician: Ts effer death. Il Director: After this certificat ed in by the funerel director, p	Certification: To	27. Menner of Death 1 SAleturel 5 Pending 2 Accident Investiga	28a. Date of Inju (Month, Day	ry 28b. Ti		8c. inju Wo			idence 6 Oth		
	Divi	spital or Att tours effer d neral Direct rilled in by		4 Homicide determin	28e. Place of Injubuilding, etc					City or To	(Street and Numilian, State)		
		To the Hospital of within 24 hours of To the Funeral D completely filled it	Medicai	(Check only one) 2 Medical Ex	aminer: On the basis of and manner sta	exemination and	or investigation,	in my o	opinion, death occur se number	red at the time	date and place,	end due fo th	e cause(s)
1				30. Neme end address of person for	Muce to completed ceuse of d	leath (Item 23a) (T	(ype, Print)	0/	1133 11 Campu.		Feb.	11 1	1998
		Sta		Charles (2) 31. Date filed (Month, Day, Year)	Spencer	ar's Signature	O ME.	lico	al Compa	s Rd 1	tagent	mul /	MD.

DHMH 16 Rev 6/95



		Please	Type or Prin State of Ma		Department	of Health a	•	_		384
					Certificate	e of Death		Reg. No.		
Phys	ician	Decedent's Name (First, Middle, La	ast)				2. Dete of Month	Death Day	Year	3. Time of Death
	dical	Grace Arlene	Brooks				Teb	. 18	1998	3:5000
Exam	niner	4a. Fecility Neme (If not institution, git	1 1 15	120 1	11 0		n, or Location of De		y of Death	1.
				irsing	Home				shing	ton
Funer Direct			Sex 7. Age 1	(In yrs. last bi	rthday) If Under Months Yrs.	Days Hours	Min. 8. Date of (Month,		9. Birthpl Count Maryla	ace (State or Foreign ry)
fand ow		10a. Stete 10b. County		10c. City, Tow	n or Location		11.7		10	d. Inside City Limits
Manylar -1 show	to	Maryland Wash:	ington	Наод	erstown					1 ☐ Yes 2X No
the Mar r 28a-f si	Directo	10e. Street and Number	3	1146	10f. Zip (Code		10g. Citizen of	What Count	rv?
th with		1747 Edgarrand	T2 1 1			1710		7 1 24 1000		
death	Funeral	1747 Edgewood F	12 Was Decedent E	ver in U,S.	13. Was Decede	2.1742 ent of Hispanic Original by Cuban, Mexicen,	n? (Specify Yes or	No- USA	ce - America	en Indian,
5-0020 72 hours after death with the Maryland neturel; or flems 23a or 28a-f show the Taylor than the position of the control	by Fur	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces? 1 Yes 2 No. If Yes, Give Year or Dates:			fy Cuban, Mexicen, No Specify:	Puerto Rican, etc.)		ick, White, e fy: Whi	
Maryland 21215-0020 nd 2 should be filed within 72 hours af till mand Mental Hygiena. 77 is marked other then "natural", or resumatic event, the Medical Event	Completed	15. Decedent's E (Specify only highest gra	ade completed)		Decedent's Usual (Give kind of work life. DO NOT use	Occupation done during most of eretired)	of working	16b. Kind of B	lusiness/Ind	ustry
212 I with	E O	Elementary/Secondary (0-12)	College (1-4or 5+	-)	Supervi			Telen	hono	Company
nd 2121(e filed within 7 al Hygiena. other then "n vant, the Med	BeC	17. Fether's Name (First, Middle, Last)		Dapoz		s Name (First, Midd			company
arylan should be and Mental or marked or umatic eve	ToB	George E.	Mantz			Gra	co Lo	nora	Loobi	iter
Maryla d 2 should th and Mer traumatic traumatic	-	19a. Informant's Name/Relationship (196	. Mailing Address	Street and Number				The state of the s
e, Mc 1 and 2 st Health ar em 27 is	-	G. Virginia You	ing Daugh							
0 80 0		20a. Method of Disposition 1 Burial 2 Cremetion 3 4 Donation 5 Other (Special	Removal from State	20b. Place o cemete	ry, crematory or oth	e of ner place)	Date	20c. Location	- City or Tov	vn, State
Baltimo permit. Page Department Important: If		21 Signature of Funeral Service Lice		Rest	Haven C	emetery Address of Facility	2/13/98	Hagerst	own, M	Maryland
Ba Dem	ouce	(Oan W	0		Gerald	N. Minnic	ch 305	N. Potor	nac St	
		Just 1	ennick	bedeath De	Funeral	Home	Hag	erstown,	Maryl	and
	- 80	23a. Part 1. Enter the disease, or com shock, or heart failure. List only	one cause on each line	ne death. Do	not enter the mode	of dying, such as ca	ardiac or respiratory	arrest,	100	Approximate interval Between
Physicia /Medic	_	Immediate Course (Fine)							3	Onset and Death
Examine	_	Immediate Cause (Final disease or condition resulting in death)	a		Prenn	m2				3-udays
	10	Toodang ar dodding	C	ue to (or es a	consequence of):					
bed is	Examiner		b						-	
• axecuted ian and unal-transit	xan	Sequentially list conditions, if any, leading to immediate	D	ue to (or as a	consequence of):					
60, be axe	1-	ceuse. Enter Underlying	C			TALL BEI				
Box 6876 ath certificata be uttanding physici for use as the but	dici	Cause (Disease or Injury that initiated events resulting in death) Last	D	ue to (or as a	consequence of):				I	THE WALL
ox 687 certificata iding phys	Me		d							
P.O. Box 6876 that the death certificate be oby the attending physic deteched for use as the br	Physician/Medica				11-11-15					
P.O. at the da da by the attached	ysic	Part ii. Other eignificant conditions of	ontributing to death but	not resulting in	n the underlying ca	use given in Part I.	23b. D	id tobacco use co	ontribute to	the cause of death?
P. P.	F.	Arterionderd	ic condi	1216-	lan Di	Man	1	☐ Yes 2☐ No	3 Prob	ably 4 Dunknown
dS, F iras that signed I	d by	Partierong					-		1 04h 1Ma	
cord v require been si should	Completed	faction	Direan	100h	entimi	VIEW TO SE	24a. vv pe	as an autopsy rformed?	ava	re autopsy findings ilable prior to
Rec a law has t	idu					TAX BELLEVILLE			of d	pletion of cause leath?
Tha Tha page	S						1[Yes 2⊟No	10	Yes 2□ No
Vital I	Be	25. Wes case referred to medicel examiner?		HI SO IS			f Death (Check on	y one)		1LIBLES
of Vital Re Physician: Tha I this cartificata he ral director, page	2	1 ☐ Yes 2 ☐ No	Hospital: 1 ☐ Inpatien		stpatient 3 DO		ing Home 5 □ Re	sidence 6 Ott	ner (Specify)
On O ding Pt h. Aftar th funera		27. Manner of Death 1 ☐Natural 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) 28b.	Time of 28 njury	c. Injury at Work?	28d. Describ	e how Injury occur	rred	
Vision Attending at death. ector: After by the fune	Sati	2 Accident investigation	n		M	1 ☐ Yes 2 ☐ No				
- 2220	Certification:	3 ☐ Suicide 6 ☐ Could not b 4 ☐ Homicide determined		y - At home, fa (Specify)	rm, street, factory,	office	28f. Location City or	(Street and Numi Town, State)	ber or Rural	Route Number,
To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical	29a. Certifier 1 Certifying Ph (Check only one) 2 Medical Exam	ysician: To the best of niner: On the basis of e and manner state	xamination an	dor investigation, i	the time, date and n my opinion, death	place, and due to the occurred at the time	ne cause(s) and m e, date and place,	anner as sta and due to	ated. the cause(s)
To the To the To the Comp	×	29b. Signature and title of certifier			29c.	License number		29d. Date signe	ed (Month, D	Day, Year)
		-	and my)	1	P1081C		Feb 11	, 199	8

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 334 Mill St. Hagerstown, Maryland 21740

31. Date filed (Month, Day, Year)

32. Registrar's Signature

Julia Davidson-Randalle

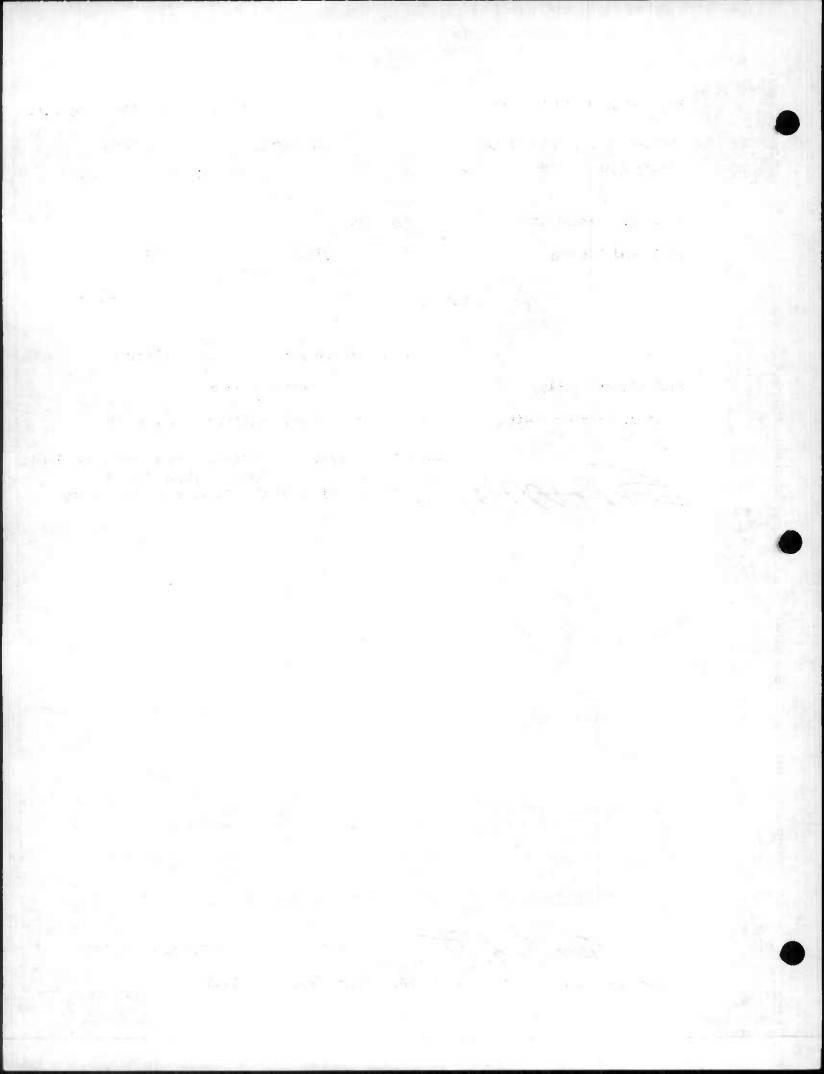
State Registrar

THE RESERVE OF THE PROPERTY OF

State of Maryland / Department of Health and Mental Hygiene 98

						Certifi	icate of	Death		Reg. No.		1000				
	Di viv	. 1	1. Decedant's Neme (First, Middle, L	ast)					2. Dete of Da	eth		3. Tima of Deeth				
	Physic /Medi		Louis Edward BIN	KLEY, Sr.					Month FEBRUAL	RY 9, 1	Yeer L998	1:55 A.M.				
1	Exami		4e. Fecility Neme (If not institution, g	ive street end number	r)			4b. City, Town, or				1.75 11.11.				
			RAVENWOOD LUTHE	RAN VIII.AC	SE.		Į.	AGERSTOW	N	WASHI	NGTON					
	Funeral		Social Security Number 6.	Sex 7. A	ige (In yrs. lest b		Under 1 Year	If Under 24 Hrs	8. Date of Bir (Month, De	th	9. Birthple	ce (State or Foreign				
	Director		217-12-1340	1₩ 2□ F	75	Yrs.	Jillis Deys	riours will.	Dec. 5			land				
	pu ,		Usual Residence of Decedent 10a, State 10b, County		10.00											
	show	-			10c. City, To	wn or Locatio	n				100	I. Inside City Limits				
	Sa-f	Sct	Maryland Washi	ngton		Hagers	stown					1 ☐ Yes 2 ☑ No				
	Mith W	Director	10e. Street end Number			10	Of. Zip Code			10g. Citizen of		13				
	ath v	m.	1914 Dual Highwa					21740		USA	A					
	Juithin 72 hours efter death with the Maryland jiens. Than "netural", or items 23e or 28a-f show the Medical Examine must be notified.	by Funerai	11. Meritel Stefus 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorcad	12. Wes Decedent Armed Forces 1 以 Yes 2 口 If Yes, Give Yeer or Dates:	?		Decedent of I s, specify Cub res 2 1 No	Hispenic Orlgin? (S an, Mexican, Puerl Specify:	pecify Yes or No o Rican, etc.)	Specify	ca - American ck, White, etc y: White	c.				
	72 ho	ted	15. Dacadent's E	ducation	166	Decedent's	Usuel Occup	petion	al-to-a	16b. Kind of B	usiness/indu	stry				
	C 50	Completed	(Specify only highest gi Elamantary/Sacondary (0-12)	Collaga (1-4or	5+)	life. DO N	OT work done IOT use ratire	during most of word)	King							
	filed within Hygiena. rther than "	50	12	0		owner	and ma	anager		flor	rist					
	2 should be filed withing end Mental Hygiena. Is marked other than eumatic event, the Memoric event, the Memoric event.	Be	17. Fether's Neme (First, Middle, Las					18. Mothar's Nar	ne (First, Middle,	Maiden Sumen	ne)					
	Men Men arke	2	Paul Strock Bink	ley				Gertrud	e Hoove	r		DECEMBER OF				
	d 2 should be filed the nd Mental Hyg 7 is marked other treumatic event,		19e. Informent's Name/Reletionship			_		e <i>nd Number or R</i> u		. ,		ode)				
	CHNL		Nancy A. Binkley	- wife				ghway, Ha	gerstown	n, Md. 2	21740					
	800		20e. Method of Disposition 1⊠ Burial 2 ☐ Cremefion 3 [Removel from State	20b. Pleca c	of Disposition ory, cremetor	n (Neme of ry or other ple	ce)	Date	20c. Location -	City or Towr	i, Stete				
	men ant:		4 □ Donetion 5 □ Other (Speci	fy)		Hill	Cemete	ry 2	2-11-98	Hagers	town,	Maryland				
	pemit. Page Department (important: If any injury or once.		21. Signature of Funeral Service Lice	Signature of Funeral Service Licensee 22. Name and Address of Fecility MINNICH FUNERAL HOME 15 E. Wilson Blvd., Hagerstown, Md. 21740												
	20 E 3 3		CATA	+Y///	! mes	15	Æ. Wi	lson Blvd	l., Hage	rstown,	Md. 2	1740				
	Physician /Medical Examiner		23a. Pert1. Enter the diseese, or con shock, or heart feilure. List only Immediate Ceuse (Finel diseese or condition resulting in death)	a. Acute b		neumon	ia	ig, such es calciac	or respiratory e		O	pproximete itarval Between inset end Deeth days				
	eath certificate be executed ettending physician end for use es the bunel-transit	an/Medical Examiner	Sequentially tist condittons, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disasse or Injury that initiated events resulting in deeth) Lest	b. 01d cer	ebral in Due to (or es e	consequenc	a of):	th left	nemipare	sis	ye	ears				
	death e etter	Physician/	Pert II. Other significant conditions	contributing to death b	out not resulting I	n the underly	dna cause aiv	ven in Pert I	23h Didu	ohacco usa co	ntribute to th	ne cause of death?				
	ch the	hys										bly 4 11 Upknown				
	as thet igned b be dete	by F	Carcinoma of pros	state with	metasta	asis t	o bone		• 🗔	100 10	00,.000	n) viggamioni				
	sw requir s been s 2 should	Completed	Arteriosclerotic	heart dis	ease					en eutopsy med?	avelle	autopsy findings able prior to eletion of cause ath?				
	Page 1	Co							101	res 2 100	1 U Y	res 2□ No				
	ysicien: The is certificate director, pag	Be	25. Wes case referred to madical axeminer?					26. Place of Dee	th (Chack only o	ne)						
	5 00	ဥ	1 ☐ Yes 2 ☐ No		enf 2 ER/O		DOA Oth	4 CE INDISING IT	ome 5 Resto	denca 6 □Oth	er (Specify)					
	ling P	ion:	27. Manner of Deeth 1 ☑ Maturel 5 ☐ Pending	28e. Dete of fnju (Month, Da	ay Year) 28b.	Time of Injury	28c. Injur Wor		28d. Describe h	now Injury occur	red					
	i or Attending Ph after death. Director: After thi d in by the funeral	Certification:	2 Accident investigetio 3 Suicide 6 Could not b 4 Homicida determined	e 28e. Place of Inj	jury - At home, fe c. (Specify)	M erm, streef, fa		Yes 2 No	28f. Location (S City or Tow	Street end Numb vn, State)	er or Rural R	oute Number,				
	To the Hospital or Att within 24 hours aftar of To the Funeral Direct completely filled in by	edical C	29e. Cartifier (Check only one) 1 ☐ Certifying Pt 2 ☐ Medical Example 1	nysician: To the best niner: On the besis o end menner st	f exemination er	a, death occu nd/or investig	irred et the tir atlon, in my o	ne, date end pleca plnion, daeth occur	, end due fo tha orred et the time, o	ceuse(s) end me data end pleca,	enner es stete end due to th	e cause(s)				
1	within 2 To the comple	ž	29b. Signature end title of certifier	/	.~	~	29c. Licens	e number		29d. Dete signed	d (Month, De	y, Year)				
			Aug	34.	8		D0785	7	F	ebruary	9. 19	98				
		ŀ	30. Neme end addrass of person who	completed cause of d	leeth (Item 23a)	(Type, Print)	_0,05		1	Jordary	, 19	-				
			Edson Moody M.D.				Hagers	town, MD	21740							
	Sta	te	31. Dete filed (Month, Day, Year)	32. Ragina	ing Signature	- 4	33									
		- 1	TED 1 0 1	uusi ka	Mr. Jane	. 77	100									

LOUIS BINKLEY



D 98-0645-04	13 Please	Type or Print	in Black Ir	ndelible In	k. Assure A	All Copies	Are Legi	ble.	
DIANE	222 nout I 27 nou MEO	State of Man	_	artment of			20	05386	
BENINE BITTERIS	1. Decedent's Name (First, Middle, La		in Oc	Timouto o	Douth	2. Dete of De	Reg. No.	3. Time of Death	
Physician	Diane Lou		ER			Month	Dey	Yeer	
/Medical Examiner	4a Facility Name (If not institution, gir	ve street and number)			4b. City, Town, or	FEBRUAL Location of Deet			
LAdillilei	WASHINGTON COUNTY	HOSPTTAL			HAGERSTO	TATA I	MASH	INGTON	
Funeral Director	5. Social Security Number 6. 175-32-7247		n <i>yrs. l</i> esf <i>birthday</i> 56 Yrs.	Months Day	ar If Under 24 Hrs	8. Dete of Bir (Month, De	th sy, Year)	9. Birthplece (State or Foreign Country) Pennsylvania	
pud *	Usuel Residence of Decedent 10a. State 10b. County	10	Dc. City, Town or L	ocation				10d. Inside City Limits	
Aaryle r eho								1 ⊠ Yes 2 □ No	
or 28a-f or 28a-f or Director	MD Washing	gton	WII	liamspor			10g. Citizen of V	Vhat Country?	
with with		2+			21795			USA	
fer death v r froms 23s	11. Marital Status	12. Was Decedent Eve	r in U,S. 13.	Was Decedent of	f Hispanic Origin? (S	Specify Yes or No	- 14. Rac	e - Americen Indien,	
Fur Pher	1 ☐ Never Merried 2 ☑ Married	Armed Forces? 1 ☐ Yes 2 No		If Yes, specify C	uban, Mexican, Puer	to Rican, etc.)	Blac	ck, White, etc.	
by Even		If Yes, Give Year or Dates:		1□ Yes 2万N	lo Specify:		Specify	White	
ges 1 and 2 should be filed within 72 hours eiter death with the Maryland of Haalth and Mental Hygiene. If Itam 27 Is marked other than "naturel", or items 23e or 25e-f show or other treumatic event, the Medical Examinel Trust be notified at To Be Completed by Funeral Director.	15. Decedent's E (Specify only highest gr Elementary/Secondary (0-12)		16e. Deci (Giv life.	edent's Usuel Occ e kind of work don DO NOT use ret	cupation ne during most of wo ired)	rking		usiness/industry	
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Pages must of it	1 ☐ Burial 2 ☐ Cremation 3 ☐	Removal from State	cemetery, cri	ematory or other p	Feb.12, 1			urg,MD 21783	
rime riun	4 Donation 5 Other (Special Signature of Femeral Service Liga			22. Neme end Add		220	311111130	urg, MD 21705	
permit. Pag Department Important: I any injury o appa.	1 Majull	and		OSBORNE P.O. 348	FUNERAL H	port, MD			
Physician /Medical	23a. Fart1. Enter the disease, or conshock, or hand failure. List only	ARTERIOSCLE	ROTIC CARD	OVASCULAR	DISEASE WIT			Approximate Interval Between Onset and Death	
Examiner	disease or condition resulting in death)	e. MYOCARDIAL	INFARCTION e to (or as a conse		ERICARDIUM				
physician and street be executed by street burist-trensit edical Examiner	if any, leading to immediate ceuse. Enter Underlying	b. Du	e to (or as a conse	equence of):					
ysicia he bu	Cause (Disease or Injury that initiated events resulting In death) Lest	C. Du	e to (or as a conse	quence of):					
death certificate be eattending physicial of for use as the bursicial sician/Medical	lossing in courty cost	d							
res, tr									
requii							en eutopsy ormed?	24b. Were autopsy findings available prior to completion of cause of death?	
he lav e hes age 2						104	Yes 2 No	1 Yes 2□ No	
dician: The certificate rector, pag	25. Was cese referred to medical				26 Place of De	ath (Check only	-	V(10 12 10	
Physician: rthis cartific ral director,	examiner? 1 ☑ Yes 2 ☐ No	Hospital:	2 ER/Outpatio	ent 3 DOA	Othor		idence 6 Oth	er (Specify)	
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To the Hospital or Attending Physician: The I within 24 hours effer death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page Medical Certification: To Be Com	3 Suicide 6 Could not be determined		- At home, farm, s Specify)	treet, factory, offic	>e		(Street end Numb wn, Stete)	per or Rural Route Number,	
ne Hospita ne Zu hours ne Funeral pletely fille		nysician: To the best of miner: On the basis of ex and manner stated	aminetion and/or i						
withir To th comp	29b. Signeture and title of certifier	. //		29c. Lice	ense number		29d. Date signe	d (Month, Day, Year)	

State Registrar

31. Date filed (Month, Dey, Year)

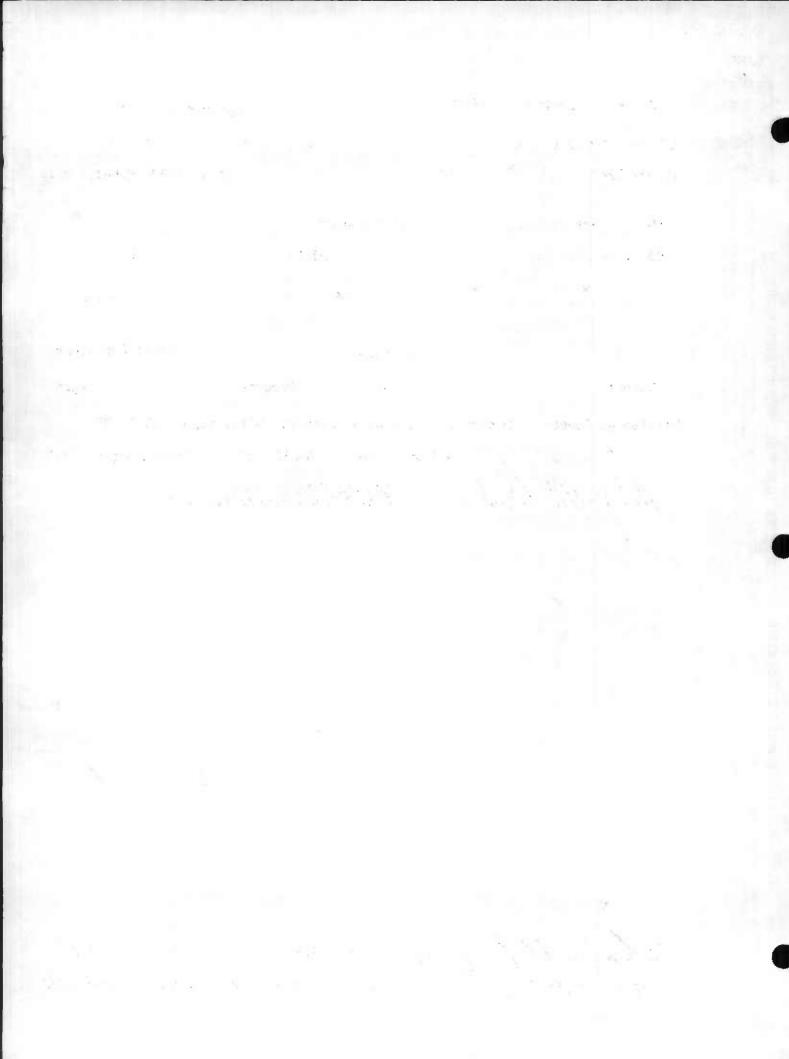
FEB 1 3 1998

30. Name and eddress of person who completed cause of seath (Item 23e) (Type, Print)

52. Registrar's Signature 111 Penn Street, Baltimore, Maryland 21201

O.C.M.E.

FEBRUARY 11,1998



State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Theresa Virginia BARBOUR 8 735 Ebruary /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death 4b. City. Town, or Location of Death Examiner Washington County Hospital Hagerstown WASHINGTON if Under 1 Year if Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 5 F **Yrs** Director 224-28-4701 Spe.12, 1920 West Virginia Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1⊠Yes 2□No Director Washington Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 11 W. Baltimore St. 21740 USA Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Year or Dates: 1 Never Married 250 Married 1 Yes 2 No þ Specify White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 Seamstress Clothing Manufacture 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Vernon (NMI) Twigg Alice (NMI) Sharon 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Lewis A. Twigg 11 W. Baltimore St. Hagerstown, MD 21740 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Memorial Park Feb. 12, 1998 Williamsport, MD 21795 21. Signature of Funeral Service Licens 22. Name end Address of Facility OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795 23a. Part1. Enjer the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, 9 heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death **Physician** 2045 /Medical Immediate Cause (Final 000 disease or condition resulting in death) **Examiner** Due to (or as a consequence of) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): signed by the ettending physiciend be datached for use as the burie Physician/Medical Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Be Completed by 24a. Was an autopsy performed? 24b. Were autopsy tindings available prior to completion of cause of deeth? been certificate has 2 X No 1 ☐ Yes 2 ☐ No funeral director. 25. Was case referred to medical examiner? 26. Piace of Deeth (Check only one) 200 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Tyes 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manner of Death 28d. Describe how injury occurred 28b. Time of After 1 Waturai 5 Pending 1 Yes 2 No 2 Accident or Attendi eftar deeth Director: A investigation the 6 Could not be determined To the Hospital or Atterwithin 24 hours eftar der To the Funeral Director completely filled in by the 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated.

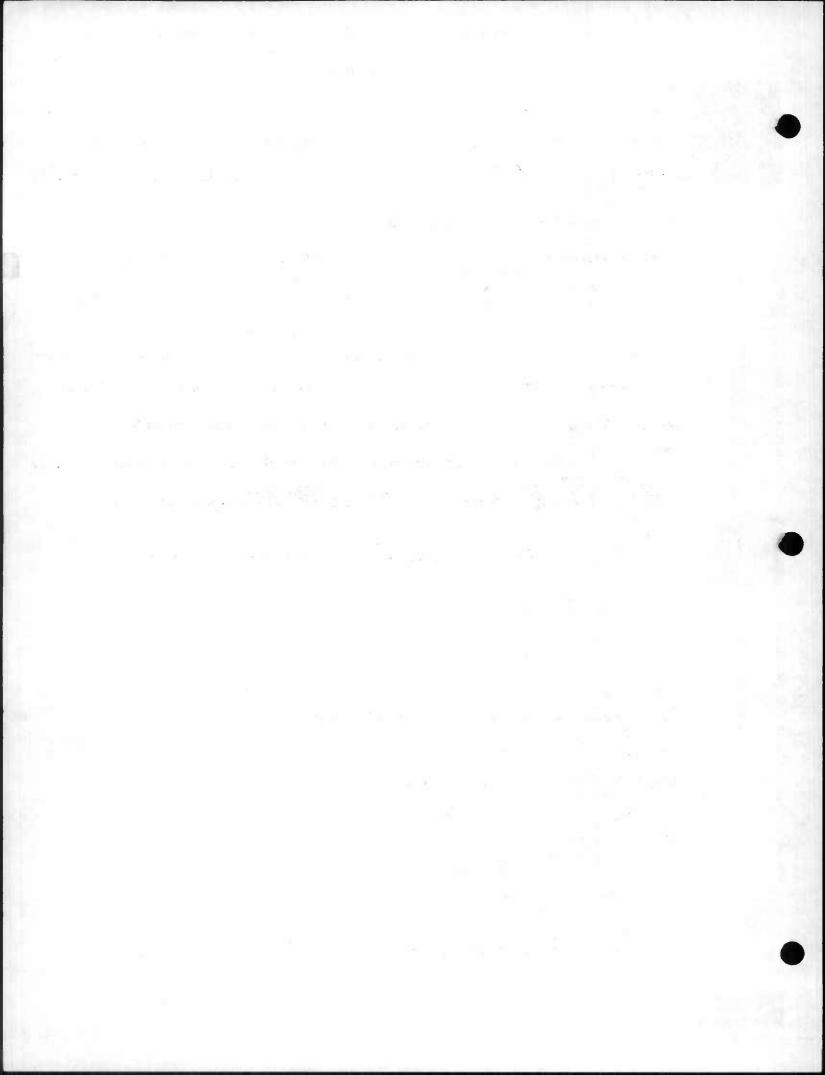
Medical Examiner: On the basis of examination and/or investigation in my calculated and the cause (s) and manner as stated. 29a. Certifier Medical (Check only one) Medical Examiner: On the besis of examination and/or investigation, in my opinion, death occurred at the time, dete end pieca, end due to the ceuse(s) and manner stated. 29b. Signature and title of certified 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed ceuse of deeth (item 23e) (Type, Print) George 31. Date filed (Month, Day, Year) 32. Registrar's Signature State

Registrar

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Virginia

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					Cer	tificate of	Death		Reg. No.		
Physic /Med		1. Decedent's Name (First, Middle, Clifton Macedo		L, Jr.				2. Date of De Month FEBRUAR	Day	Yeer	3. Time of Death 7:21 AM
Exami		4a. Facility Name (If not institution,	give street and number	er)			4b. City, Town, or L			ty of Death	
Funeral		RAVENWOOD LUTHE 5. Social Security Number 6	. Sex 7.	GE Age (In yrs. last bir	rthday)	If Under 1 Year		8. Date of Bir (Month, Da		INGTON 9. Birthp	lace (State or Foreign try)
Director		214-09-8552 Usual Residence of Decadent	1⊠ M 2□ F	81	Yrs.	Months Days	Hours Min.	Aug. 17	7,1916		land
faryland show	5	10a. State 10b. County	•	10c. City, Tow						1	0d. Inside City Limits
tha N	Director	Maryland Wash	ington		Н	agerstow 10f. Zip Code	m		10g. Citlzen of	NATh of Cours	
th with 23a or		901 Oak Hill Av	enue				1740		USA	Wildle Court	uryr
5-UUZU 72 hours after death with the Maryland natural; or items 23s or 28s-f show	by Funeral	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒¼vidowed 4 □ Divorced	12. Was Deceder Armed Force 1 Yes 2[If Yes, Give Yeer or Date:	s? ⊒ No	If	Vas Decedent of I Yes, specify Cub ☐ Yes 2☑ No	Hispenic Origin? (Spean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)		ace - Americ ack, White, ify: V	
within then	Completed	15. Decedent's (Specify only highest of Elementary/Secondary (0-12)	Education grade completed) College (1-40	16a.	(Give k life. D	ent's Usual Occup kind of work done O NOT use retire	during most of worked)	king	16b. Kind of I		dustry
be filed withintal Hygiana. d other than		17. Father's Name (First, Middle, La			Р	USTAI CI	18. Mother's Nam	e (First, Middle,			
Expuid be and Mantai s merked o	To Be	Clifton Bachtel	.1				Rub	y Heil			
Maryland d 2 should be file th and Mantai Hyy 7 is marked othe traumatic event,	-	19a. fnformant's Name/Relationship	(Type, Print)	19b	. Mailing	g Address (Street	t and Number or Rui	ral Route Numbe	er, City or Town	n, State, Zip	Code)
		William P. Young	, Jr., PO				gton St.	, Hagers	stown,	Md. 21	L740
0 8 5 2 2		20e. Method of Disposition 1 Burial 2 Toremation 3 4 Donation 5 Other (Special Control of Control		0		sition (Name of atory or other pla OWN Cren		Date 2-9-98	20c. Location		wn, State Maryland
Demit. Pag Department Important: I any Injury o		21. Signature of Furrenal Service Lic	Mah	inne	for	Name and Address 5 E.Wils	oss of Facility M	INNICH F Hagers			L740
Physician /Medical Examiner	er	23a. Part1. Enter the disease, or co shook, or heart failure. List on Immediate Cause (Final disease or condition resulting in death)	ly one cause on each	P.	əu	a	ng, such as cardiac	or respiratory a	rrest,	1 1	Approximate Intervel Between Onset and Death All Ac
asth certificate be associted attending physician and for use as the burial-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Lest	c	Due to (or as a c							
the day	Physician/M	Part ii. Other significant conditions	contributing to death	but not resulting Ir	n the un	derlying cause give	ven in Part I.	23b. Did 1	tobacco use c	ontribute to	the cause of death
d bate	by Ph	Chrorus Of Muttigle	bruch	ue hel	ins	ray a	leseae	10	Yes 25 No	3 Prot	eably 4 Unknow
aw requ	Completed b	Mutegle	Thesh	e with	6 4	denew	*	24a. Was perio	an autopsy rmed?	eve	ore autopsy findings bileble prior to appletion of cause death?
The law ata has b	Con							101	Yes 20 No	1 🗆	Yes 2000
vicien: The cartificate rector, pag	Be	25. Was case referred to medical examiner?	Line in the last of the last o			I ou	26. Place of Deat				
Physicien: This cartific ral director,	2	1 ☐ Yes 2 ☐ No 27. Manner of Death	Hospital:		•	3LI DOA		ome 5 Resid)
To the Hospital or Attending Physicien: Within 24 hours after death. To the Funeral Director: After this cartific completaly filled in by the funeral director.	Certification:	1 Natural 5 Pending 2 Accident investigati 3 Suicide 6 Could not	be on Discoult	Day Year)	rime of		rk? Yes 2 Dyx o	28d. Describe I	4		
Ital or A		4 Homicide determine	building,	njury - At homé, fa etc. <i>(Specify)</i>	mi, stre	et, factory, office		City or Tox	vn, State)	Der or Hura	l Route Number,
To the Hospital of within 24 hours at To the Funeral D completely filled it	edical	29a. Certifier 1 Sertifying F (Check only one) 1 Medical Ext	Physician: To the bes aminer: On the basis and menner:	of examination and	, death o	occurred at the the street occurred at the the street occurred at the the street occurred at the the street occurred at the the street occurred at the the street occurred at the the street occurred at the the street occurred at t	me, date and place, ppinion, death occur	and due to the red at the time,	cause(s) and m date and place	anner as st , and due to	ated. the cause(s)
To t With To t	Σ	29b. Sandure end title of certifier	Pur	, 18		29c. Licens	se number Hry		29d. Date sign	ed (Month, L	Day, Year)
		30. Name and address of person who									
Sta	ate.	Gloria Pura M.I 31. Date filed (Month, Day, Year)	32. Regis	Antietar	7		rstown, M	D 21740)		
Registi			1998	ruha Davidso	2//-//	. lall					

CLIFTON BACHTELL

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Amend: ditems 27,28abcdef Per ME Film G-758 4-6-988C. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Death 3. Time of Death Month **Physician** 1998 6:30 AM Clare Allison Bradford /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Daath Examiner Frederica II Under 24 Hrs. 8. Date of Birth Min. 100C. 17, 1958 5820 Hannover Terrace Frederick 5. Social Sacurity Number If Undar 1 Yaar 7. Age (In yrs. last birthday) 9. Birthpiace (State or Foreign **Funeral** 1 M 2 F Months Days 300-62-0275 Illihois 39 Yrs. **Director** Usual Residence of Decedent filed within 72 hours efter deeth with the Maryland 10a, State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, are Menical Examiner must be numbed at Md. Frederick Frederick 1 Yes 2 No Director 10e. Straet and Number 10f. Zip Code 10g. Citizen of What Country? 5820 Hannover Terrace 21703 U.S.A. Funeral 12. Was Dacedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Dacedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Completed by Specify: White 3 Widowed 4 Divorced 15. Decadent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filled within 7. Depertment of Health end Mentel Flyglene. Important: if Item 27 is marked other than "ne any injury or other traumatic event, I'm Mente once. Eiementary/Secondary (0-12) College (1-4or 5+) Pilot Aircraft 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be James Allison Anne Marie Muers 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Anne Marie Allison (Mother) 5820 Hannover Terrace Frederick, Md. 21703 20b. Place of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata Burlai 2 Cramation 3 Removal from State Feb. 6, 1998 Smithsburg Crematory Smithsburg. Md. 5 Other (Specify) Signature of Juneral Service Lice 22. Name and Address of Facility 12525 Bradbury Ave. Davis Funeral Home onno o Smithsburg, Md. 21783 23e. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardlac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximete intervai Between Onsat and Death **Physician** /Medical Immediate Cause (Final Overdose diseese or condition resulting in death) Examiner Physician/Medical Examiner Drassion The law requires that the death certificate be executed Sequentially list conditions, if any, leading to immadiate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last pue Dua to (or as a consequence of): P.O. Box 68760, physician Due to (or as a consequence of) USe es

muchato

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

2 No 26. Piece of Death (Check only one)

1 ☐ Yes 2 ☐ No

25. Was case referred to medical aminar? 1 X Yes 2 No

27. Manner of Daath

1 Neturel

2 Accident

Sal Suicide

29a. Certifier

4 Homicide

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Pending investigation

28a. Date of Injury (Month, Day Year) 28b. Time of Injury Unknown Unknown

28c. Injury at Work? 1 ☐ Yes 24 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Dascribe how injury occurred

28a. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) Home

28f. Location (Streef and Number or Rural Route Number, City or Town, Stete) 5820 Hanover Terrace, Frederick, MD, Certifying Phyeician: To the best of my knowledge, deeth occurred et the time, date end piace, end due to the ceuse(s) end manner es stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

29d. Date signed (Month, Day, Year)

death (Item 23e) (Type, Print)

1000 West Patrickst Frederick, MD ZAR ndrew 31. Date filed (Month, Day, Year)

State Registrar

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After this certificate

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To the Hospital of within 24 hours a To the Funeral D completely filled in the Funeral D completely filled in the

funeral director,

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Completed

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Certification: To

Medical

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Division of Vital or Attending Physician:

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State of Maryland / Department of Health and Mental Hydiene 9 0 5 3 9 0

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Physi /Med		CLARA ELIZA	BETH BEN	TZEL				2. Dete of D FEB		Veer	Time of Deeth
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Funera Directo		5. Social Security Number 6. S 219-36-4899 Usual Residence of Dacedent	ex	(In yrs. lest i		Under 1 Year lonths Deys		Min. (Month, D	1, 1911	9. Birthplece Country) THURMON	State or Foreign
a-f show	ctor	10e. Stete 10b. County WASHING			own or Location						side City Limits
23a or 28	Funeral Director	10e. Street end Number 1500 PENNSYLVAI	NIA AVE		. 1	10f. Zip Code 217	40		10g. Citizan of	Whet Country?	
s 1 and 2 should be filed within 72 hours after death with the Maryland 1 and 2 should be filed within 72 hours after death with the Maryland 1 and 1	by	11. Marital Status 1 Never Married 2 Married 3 DM dowed 4 Divorced	12. Wes Decedent Ev. Armed Forces? 1 Yes 2 No If Yes, Give Year or Detes:	er in U,S.		Decedent of es, specify Cub		in? (Specify Yes or N Puerto Rican, etc.)	o- 14. Rad Bie Specify	ca - American Ind ck, White, etc. v: WHITI	
within 72 ho ene. than "natur	Completed	15. Decedant's Ed (Specify only highest gra Elamantary/Secondary (0-12)	ucation de completed) Collage (1-4or 5+)		life. DO I	's Usuel Occu d of work done NOT use retire	petion during most (ad)	of working		usinass/Industry	
Vical y failed 4.14.15-00.20 d 2 should be filed within 72 hours aft the and Mental Hygiene. 7 is merked other than "natural", or traumatic event, the Medical Exam	To Be Co	17. Fether's Neme (First, Middle, Last) GEORGE WIERMAN			HOMEM	ALLK		s Name (First, Middle RA MILLE)			
nd 2 lith 8 27 ls		19e. Informant's Neme/Reletionship (1	SON INLA	W 2	25212	CASC	ADE RI		DE MD	21719)
t. Pege tment o tant: If		20a. Method of Disposition 1 N Burial 2 Cremation 3 4 Donetton 5 Other (Specify	r)		HEL C	on (Neme of bry or other ple HURCH	CEM.	2/6	CASCAE		21719
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Shahab Z. Siddiqui, MD 19414C Leitersburg Pike Hagerstown MD 21740

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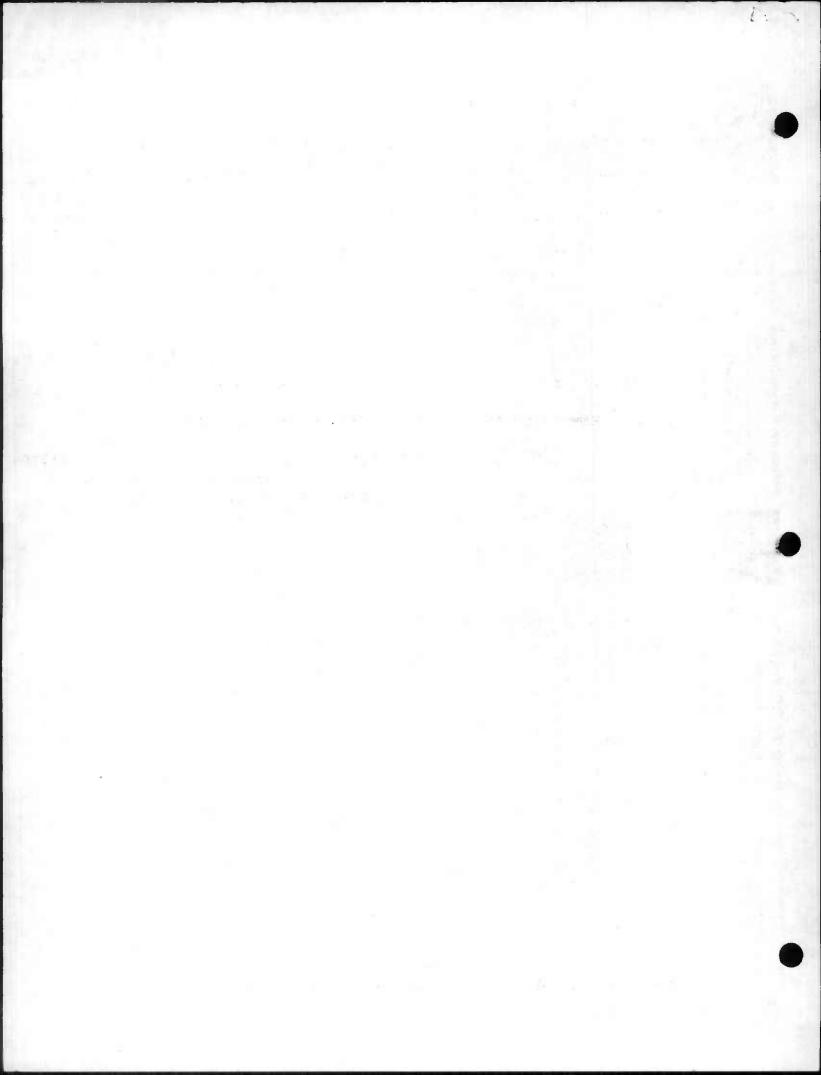
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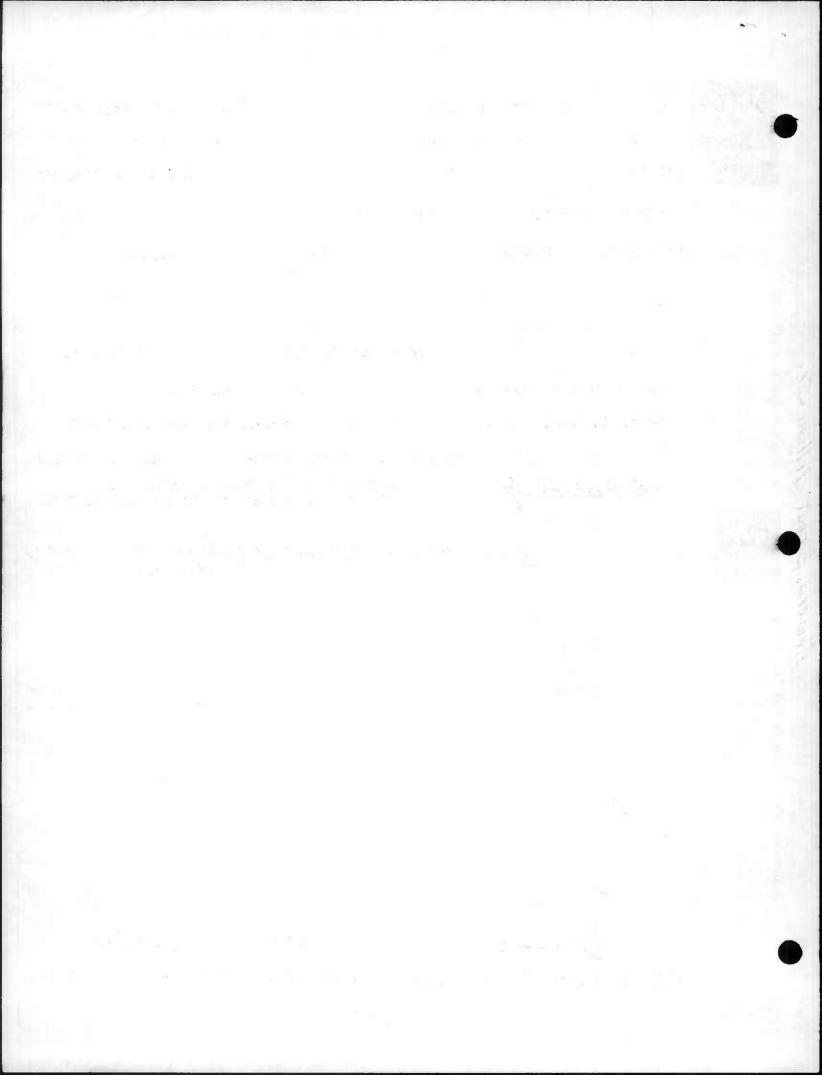
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State of Maryland / Department of Health and Mental Hygiene O O

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

				Otato of In	ar y laria	Certific		Death		Reg. No. 98	05	392			
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altimore,	permit. Pages 'Department of H Important: If ite any Injury or of once.			ANNAPOLIS MEM. GARDENS 1/5/98 ANNAPOLIS, MD. ANNAPOLIS MEM. GARDENS 1/5/98 ANNAPOLIS, MD.											
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Vital Records,	e law requiras that has been signed b ge 2 should be data	Completed b							24e. Wes	en eutopsy med?	evella	eutopsy findings ble prior to letion of cause ath?			
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ion	Attending is death. Ctor: After by the funer	atio	1 Neturel 5 ☐ Pending investigation		y Year)	Injury M	Woi 1 □	rk? Yes 2□No							
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	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai		ysician: To the best on niner: On the basis of end manner sta	examinetion ated.	end/or investiget									
	To the To the comple	×	29b. Signeture end title of cartifier	FIND D	mo	14	29c. Licens	mer number	-4	29d. Date signe	d (Month, Da)	(, Year)			
			30. Name end eddress of person who			le) (Type, Print)		1		2000					
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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. AMEND# 18 2/4/98 cms AACO HEALTH 05393 Certificate of Death 1. Dacedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death

Funeral Director

Physici /Medi Exami

GENEVA

BROWN,

pemit. Pagas 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If Itam 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. Baltimore, Maryland 21215-0020

Physician /Medical Examiner

To the Hospital or Attanding Physician: The law requires that the death certificate be associated within 24 hours effer death.

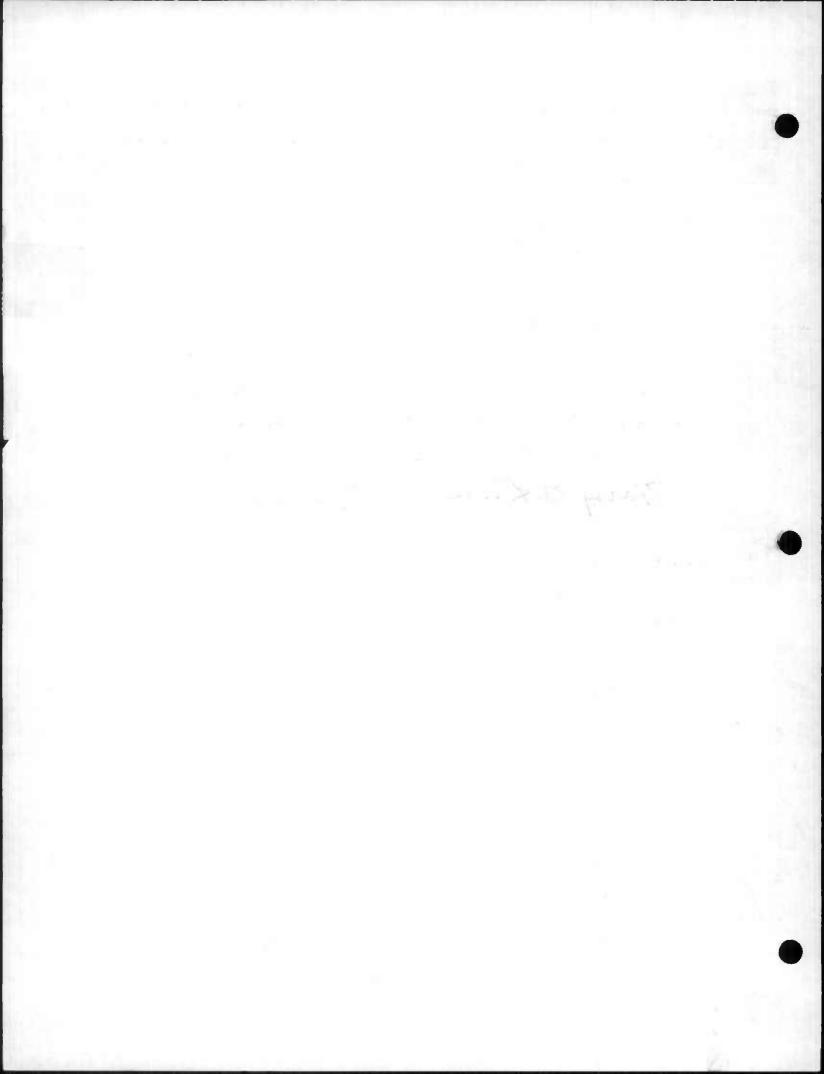
To the Funeral Director: After this certificate has been signed by the attanding physician and completally filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

an cal	GEN	EVA B. BI	ROWN						Feb.	Day 19	Yaar 998	9:27 p		
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y Funeral Director	11. Marital Stetus		12. Was Decedant Armed Forcas 1 ☐ Yas ŽŪ if Yas, Giva	?	If Y	s Decedant of as, specify Cu Yas 2 🕱 No	ben, Maxica	in, Puarto	acify Yas or No- Ricen, atc.)		ace - Amaric ack, White,			
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	23a. Part1. Entar th shock, or haar	na disaasa, or com t failura. List only	piications that causa one causa on aach l	d tha death. Do r ina.	not antar i	tha moda of dy	ring, such a	s cardiac o	or raspiratory are	est,		Approximata Intarval Between		
	Immediate Course (I	-UL				**					1	Onsel end Death		
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sician/Medicai			d											
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Completed by Phy									24a. Was a	in autopsy	24b. W	ara autopsy findings railabla prior to		
piet									perior	med r	CO	empletion of causa daath?		
HO									1□ Y	as 20 No	1[☐ Yas 2 100		
BeC	25. Was case referr	ed to medicel					26. Plac	e of Death	(Check only or	na)				
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:00	27. Manner of Deeth		28a. Deta of Inju		Fime of njury	28c. Inj	ury et		28d. Dascribe h	ow injury occu	rred			
atio	2 Accidant	5 Panding Invastigatio	n	., 100.	прогу		Yas 2□	No No						
tific	3 ☐ Suicida 4 ☐ Homicide	6 Couid not b datarmined	28a. Place of In	jury - At homa, fai tc. (Specify)	rm, straat	, factory, office	•	:	28f. Location (S. City or Town		nber or Aura	al Routa Number,		
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ž	29b. Signatura and t	titla of certifiar				29c. Licer	se numbar		2	9d. Dete sign	ed (Month,	Day, Yaer)		
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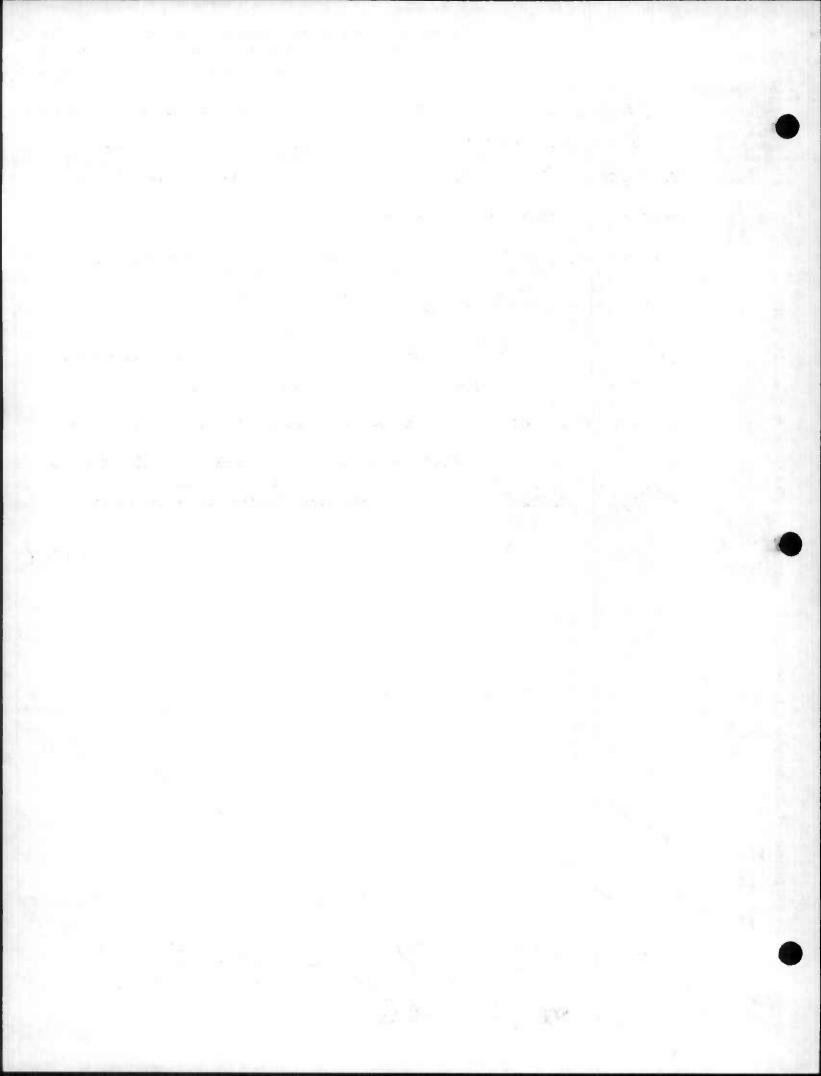
State

Registrar



State of Maryland / Department of Health and Mental Hygiene Q

				Oldio of Mary		Certificate of	of Death		eg. No.	U) 3 9 4
Г	Dhualai		1. Decedent's Neme (First, Middle, Las.	1)				2. Dete of Deet Month	h Dey	Yeer	3. Time of Deeth
	Physici /Medi		Armon	D.	Bake	r		Februari			7:30 AM
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L			131 Cody Driv				Thwrmor	_		leric	
	Funeral		5. Social Security Number 6. Se	ex 7. Age (In	yrs. lest birt	hdey) if Under 1 Ye Months De		8. Dete of Birth (Month, Day,	Year)	9. Birthple Count	ece (Stete or Foreign
	Director		477-16-6515 Usuei Residence of Decedent	7	1	113.		July 18	3,1926	Wisc	onsin
	we w		10e. State 10b. County	10	c. City, Town	or Location				10	Od. Inside City Limits
	Men H	to	Maryland F	rederick	Th	urmont					1 Yes 2 □ No
	r 28g	lec Sec	10e. Street end Number			10f. Zip Cod	8	1	0g. Citizen of W	het Count	ry?
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20	d within 72 hours efter death with the Meryland piena. r than "natural", or items 23a or 28a-f show the Medical Examiner mat be notified at		1 Never Merried 2 Married	1 XYes 2 No		1 ☐ Yes 2 🗷		, , , , , , , , , , , , , , , , , , , ,		Whit	
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Maryland 21215-0020	Aental Ked o	To B	Merle	Bake	r		Rosie	I	Owney		
ary	2 should end Men is marke sumatic		19e, Informent's Name/Relationship (T)	ype, Print)	19b.	Mailing Address (Stre	eet end Number or Rui	ral Route Number	City or Town, S	Stete, Zip	Code)
	end 2 palth 1 27 i		Violet S. Baker		1	31 Cody Dr	./ Unit 32	2 / Thurn	nont, Mo	1. 2	1788
ore	of He		20e. Method of Disposition 1 ☐ Buriai 2 ☑Cremetion 3 ☐F	Pemovei from State	Ob. Pleca of cometers	Disposition (Neme of r, cremetory or other p	plece)		20c. Location - (
Ë	Pages mant of I ant: If its ury or o		4 Donetion 5 Other (Specify)		Hagers	town Crema	tory 2	2-6-98 H	lagersto	wa, M	aryland
Baltimore,	permit. Pages 1 end 2 should be filed Depertment of Health and Mental Hyg Important: If item 27 is marked other important: or other traumatic event, ance.		21. Signeture of Funerei Service Licens	966		22. Neme end Ad	dress of Fecility Sta	uffer Fu	meral F	lome	
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	0 0 0	slci	Pert II. Other significant conditions con	ntributing to death but no	t resulting in	the underlying cause	given in Pert I.	23b. Did to	bacco use con	tribute to	the cause of death?
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on	oding th. : Afta e fun	tlo	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation		ar) In		Vork? ☐ Yes 2☐ No				
Division	of Attending effer death. Director: Affer din by the fune	Hice	3 Suicide 6 Could not be determined	28e. Pleca of Injury -	At home, far	m, street, fectory, offic	СӨ	28f. Location (St.	reet end Numbe	r or Rural	Route Number,
Ö	s effer s effer al Direct	Certification:	4 - Hornicide	building, etc. (S	peciny)			City or Town	, 31818)		
	To the Hospital or Attanding Physician: within 24 hours effer death. To the Funeral Director: Affar this certific completely filled in by the funeral director.	edical	29a. Certifier 1 Certifying Physical Exami	eician: To the best of my	/ knowledge,	deeth occurred et the	time, dete end plece,	end due to the ce	euse(s) end men	ner es ste	eted.
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			MULICIM	18 (10)	116	4 1	12038	5	0/5	190	<u></u>
			30. Name end eddress of person who co	ompleted cause of deeth	(Item 23e) (Kype, Print)	PREDET THOMUS	TOWN	INO 2	170	2
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	Registr		FEB 6 - 199	B John da	udlack	arlatte					
				4.4							



State of Maryland / Department of Health and Mental Hygiene ?

Certificate of Death 1. Decedent's Nema (First Middle Lest) 2. Data of Deeth 3. Time of Death **Physician** Month February 4, Grace **BOGAN** 1255 am 1998 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** Vindobona Nursing Center Braddock Heights Frederick | If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Day, Year) | Nov 10, 196 5. Social Security Number Birthplace (Stata or Foreign Country) 7. Age (In yrs. lest birthday) **Funeral** 1□ M 20XF 577-20-2925 88 Yrs. Director Wash, D.C. Usual Rasidance of Decedant the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "naturel", or items 23s or 28s-f show treumstic event, the Medical Examiner must be notified at Maryland Frederick Braddock Heights Director 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6012 Jefferson Blvd 21714 U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indien, Black, White, atc. 13. Wes Decedant of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuben, Maxicen, Puarto Rican, etc.) permit, Pages 1 and 2 should be filed within 72 hours after o Department of Health and Mantel Hygiena. Introducing the Tile marked other than "naturel", or item any lajury or other treumetic event, its Magest and 2008. 1 ☐ Yes 2 ☑ No if Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 Specify: White 1 ☐ Yas 2 No þ 3 Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Specify only highast grade complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Meldan Surname) Edward SULLIVAN Neddie 19e. tnformant's Name/Raletionship (Type, Print) 19b. Mailing Addrass (Street and Numbar or Rural Routa Number, City or Town, Stete, Zip Code) Sally A. Caudill/Daughter 5201 Buffalo Road, Mount Airy, Maryland 21771 20a. Mathod of Disposition 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, State 1 Burlal 2 ☐ Cramation 3 ☐ Ramovel from State Resurrection Cemetery Feb 6,1998 Clinton, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Fecility Keeney & Basford P.A. Funeral Home MUU/Ub | LUB E UNUTCH Street, Freder 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. M00706 106 E Church Street, Frederick, Maryland 21701 **Physician** /Medical Immediata Causa (Final disaasa or condition resulting in daath) NEGMONIA 3 days Examiner Examiner that the deeth certificate be executed attending physician and for usa es the burial-transit Sequentielly list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaesa or injury that initiated avants rasulting in death) Last Dua to (or es e consequence of) Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? SENILE DEMENTIA 1 Yes 2 No 3 Probably 4 Unknown by i or Attending Physician: The law requires i effer death. Director: After this certificata hes been sign d in by the funeral director, page 2 should be HYPERTHYROLD ISM 24b. Wara autopsy findings sveileble prior to complation of cause of deeth? Completed 24a. Was an autopsy 1 Tas 2 0 No 1 ☐ Yas 2 ☐ No Division of Vital 25. Was cese referred to medical exeminar? Be 28. Place of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 ☐ Yes 2 No Othar: 4 Nursing Homa 5 Assidance 6 Othar (Specify) Certification: To Manger of Deeth 28b. Time of 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 ☐ Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) To the Hospital or A within 24 hours efter To the Funeral Directompletely filled in b 4 Homicide 29a. Cartifian 1 Cartifying Physician: To tha best of my knowledge, deeth occurred at the tima, data and place, and dua to tha ceusa(s) and manner as steted. Medicai (Check only one) 2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) end manner stated. 29b. Signature end title of/certifie 29d. Data signed (Mpnth, Day, Year) 22037 30. Nama and addrass of person who completed ceusa of daath (Itam 23a) (Type, Print) BRUNSWICK, MD 21716 KINLANDMD AUE GLO NINTH 31. Data filed (Month, Day, Year) 32. Ragistrar's Signatura State Registrar

DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Name (First, Middle, Last) 2 Data of Death 3. Time of Death **Physician** Fel. 1420 DORTS MARTE CROSS /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Washington County Hospital Hagerstown Washington | H Under 1 Year | H Under 24 Hrs. | 8. Data of Birth (Month, Day, Year) | April 28,1927 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 1 □ M 2 🗗 F Yrs. Director 219-14-9976 70 Iowa Usual Rasidance of Decedant 10a Stata 10b County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 1 Yas 2 □ No Maryland Washington Director Hagerstown 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ŏ 12806 The Terrace 21742 items 23a U.S.A. death Funeral 12. Was Dacedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yas, Giva Yeer or Dates: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, etc.) 14. Race - Amarican Indian, 11. Marital Status Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiene. Important: If Nem 27 is merked other than "natural", or filer any injury or other traumatic event. 1 Navar Marriad 2 X Married 1 ☐ Yas 2 ☑ No Specify: Specify: White by 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Homemaker Personal Residence 17. Fathar's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) George Alvey Churchey Lela Mae Harshman 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, State, Zip Code) Leon W. Cross/ Husband 12806 The Terrace Hagerstown, Maryland 21742 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Rest Haven Cemetery Feb. 14,1998 Hagerstown, Maryland 21. Signature of Funerel Service Licensaa 22. Nama and Addrass of Fecility Douglas A. Fiery Funeral Home 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such es cardiec or respiretory errest, shock, or heart failure. List only one cause on each line. 1331 Eastern Blvd. North Hagerstown, Md. 21742 Approximate Interval Between Onsat and Daath **Physician** /Medical Immediata Ceusa (Final Kulmonarez Edema month disaasa or condition rasuiting in daath) Examiner Examiner Cordiomyofath attending physician and for use as the burlet-transit Sequantially list conditions, if eny, laading to immadiata causa. Entar Undarlying Causa (Disaase or Injury that initietad evants rasulting in daath) Last Due to (or as a consequence of) myocardial infantions disesse arlery Physician/Medical Due to (or as a consequence of):/ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? been signed by should be detect 1 Yes 2 No 3 Probably 4 Unknown anemio þ 24b. Wara autopsy findings available prior to complation of causa of daeth? Be Completed 24a. Was an autopsy performed? page 2 this certificate 1 Yas 20 No 1 ☐ Yas 2 ☐ No Hospital or Attending Physician: 24 hours efter death. 25. Was cesa rafarrad to medicel axaminar? 26. Place of Daeth (Check only one) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA Certification: To 28a. Data of Injury (Month, Day Year) 27. Menper of Death 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Time of After 1 Natural 5 Panding To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: Al completely filled in by the fu 1 ☐ Yas 2 ☐ No invastigation 2 Accident 6 Could not be daterminad 28a. Pleca of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 3 ☐ Suicida 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 12 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mannar stated. Medical 29a. Certifier 29d. Date signed (Month, Day, Year) 29b. Signature end titla of certifiar 29c. License number Scottm. Wannitm, UD 30. Nama and addrass of person who complated ceuse of death (Item 23e) (Type, Print) Hrg. md. 21742 Hamilton Campus Rd On Soft Ham 31. Data filed (Month, Day, Year) Medical 11110 32. Registrar's Signetura State

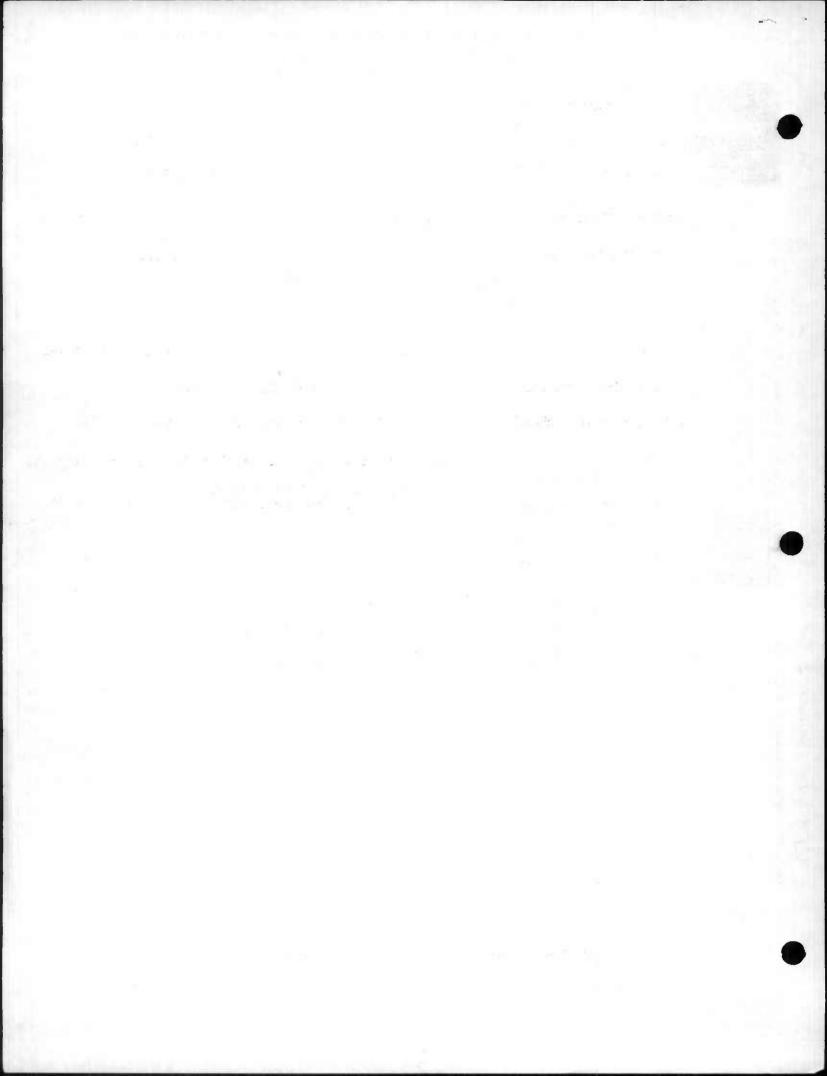
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1998

Registrar

Baltimore, Maryland 21215-0020

Moss, Doris Marie



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month Dey LAUDE CRAWFORI **Physician** FEBRUARY 10,1998 /Medicai 4b. City, Town, or Location of Death 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) Examiner THE JOHNS HOPKING HOSPITAL BALTIMORE CITY Baltimore If Under 1 Yeer | If Under 24 Hrs. 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthplece (State or Foreign Country) Funerai 1⊠ M 2□ F Months Deys Hours Min 214-09-2528 Yrs. 84 Director Jan. 26, 1914 Maryland Usuel Residence of Decedent the Maryland 10a. Stete 10b. County 10c. City. Town or Location 10d. fnside City Limits 28a-f show r than "naturel", or items 23s or 28s-f si the Medical Examiner must be notified Maryland Washington Hagerstown 1 ☐ Yes 2 ☑ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? death with 12925 Cathedral Avenue 21742 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Meritei Status permit. Pages 1 and 2 should be filled within 72 hours affer c Department of Heelth and Mental Hygiene. Important: if Nem 27 is marked other than "naturel", or item any injury or other treumatic event, the Mental Page. 1 Never Married 20 Married 21215-0020 1 ☐ Yes 2X No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Real Estate Developer Self Employed 12 Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Roy Crawford Cora Byers 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Betty Crawford / Wife 12925 Cathedral Avenue Hagerstown, Maryland 21742 Baltimore, 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☑ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Smithsburg Crematory Feb. 11,1998 Smithsburg, Maryland 21. Signature of Funerel Service Licensee 22. Name end Address of Facility Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N. Hagers:

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1441 Eastern Blvd. N. Hagers: 1331 Eastern Blvd. N. Hagerstown, Maryland 21742 Approximete fntervel Between Onset end Deeth **Physician** /Medical FAILURE Immediete Ceuse (Finei LIVER one we diseese or condition resulting in death) Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initieted events resulting in deeth) Lest end buriei-trar P.O. Box 68760. Physician/Medical the Due to (or es e consequence of) use es Pert fl. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Pert f. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Records, þ page 2 should 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 2 No 2 - No certificate of Vital or Attending Physician: Be 25. Wes cese referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 inpatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth 1 Pineturel 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how Injury occurred Division 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homiclde To the Hospital within 24 hours To the Funeral C Hospitai i Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner as steted.

2 Madical Exeminer: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the cause(s) end menner stated. 29a. Certifier Medical completely 29c. License number 29b. Signeture and title of certifier 29d. Date signed (Month, Dey, Year) M.D. RES-000

Registrar **DHMH 16 Bey 6/95**

State

30 Name and eddress of person who completed ceuse of death (Item 23a) (Type, Print)

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31. Dete filed (Month, Dey, Year) FEB 1 1 1998

m.D. 600

32. Registrops Signature

32. Auguston-Andelle

NORTH WOLFE STREET, BALTIMORE MARYLAND 21287

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 05398 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Thomas J. Carroll rebruary 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Washington County Hospital Hagerstown Washington If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day, Year) 5. Social Sacurity Number 6. Sex 1 1 M 2 ☐ F 7. Aga (In yrs. last birthday) 9. Birthplace (State or Foreign New Jersey 38 153 56 1239 Yrs. Usual Residence of Dacedant 10b. County IOc. City, Town or Location 10d. Inside City Limits Washington Maryland Hagerstown 1 Yes Z No 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Code 13757 Broad Fording Church Road 21740 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No if Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 1 Nevar Married 2 ☐ Married White 1 ☐ Yes 2 No Specify: 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) None None 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Gerald T. Carroll, Sr. Anne Gergortat 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 19a. Informant's Name/Relationship (Type, Print) Gerald T. Carroll, Jr. Brother 24 Maguire Rd. Hamilton Square, New Jersey 08690 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State St. John's Cemetery 2/13/98 Hamilton Twp. N. J. 4 ☐ Donation 5 ☐ Other (Specify) Signatura of Funeral Sarvica Licansee 22. Name and Address of Facility Gerald N. Minnich 305 N. Potomac Street 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each lina. Hagerstown, Maryland 21740 Approximate interval Betwean Onset and Death Asystole Due to (or as a consequenca of): immediata Cause (Final Sudden disaasa or condition rasulting in death) Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Cause (Disease or injury that Initiated evants resulting in death) Last Due to (or as a consequence of): Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contributs to the cause of death? Upper Respiratory Intection 1 Yss 2 No 3 Probably 4 Unknown Severe mental Retordation 24a. Was an autopsy performed?

Physician /Medical Examiner

Physician

/Medical

Examiner

10a. State

Director

by Funeral

Completed

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Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is merked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, it a Modical Examinet must be notified at once.

Baltimore, Maryland 21215-0020

To the Hospital or Attending Physician: The law requires that the death certificata be assected within 42 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completaly filled in by the funeral director, page 2 should be deteched for use as the bunial-transit completaly filled in by the funeral director, page 2 should be deteched for use as the bunial-transit Physician/Medical Be Completed by Medical Certification: To

Division of Vital Records, P.O. Box 68760,

(Jarrol)

homas

24b. Were autopsy findings available prior to completion of cause of death?

1 TI Van o IDA

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25. Was case rafarred to medical	28. Place of Death ((Check only one)			
axaminer? 1 ☐ Yes 2 ☑ No	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home	flome 5 ☐ Residenca 6 ☐ Other (Specify)			
27. Mannar of Death 1 ☑Natural 5 ☐ Pending 2 ☐ Accident Investigat	(Month, Day Year) injury Work? ion M 1 ☐ Yas 2 ☐ No	d. Dascribe how Injury occurred			
3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide datermine		of Location (Street and Number or Rural Routa Number, City or Town, Stata)			
29a. Certifier 1 Cartifying F	Physician: To the best of my knowledge, death occurred at the time, data and place, an	d due to the cause(s) and mannar as stated.			

(Check only
one)

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

29c. License number D 26579 29d. Date signed (Month, Day, Year) 2/10/98

30. Name and address of parson who completed cause of daath (Itam 23e) (Type, Print)

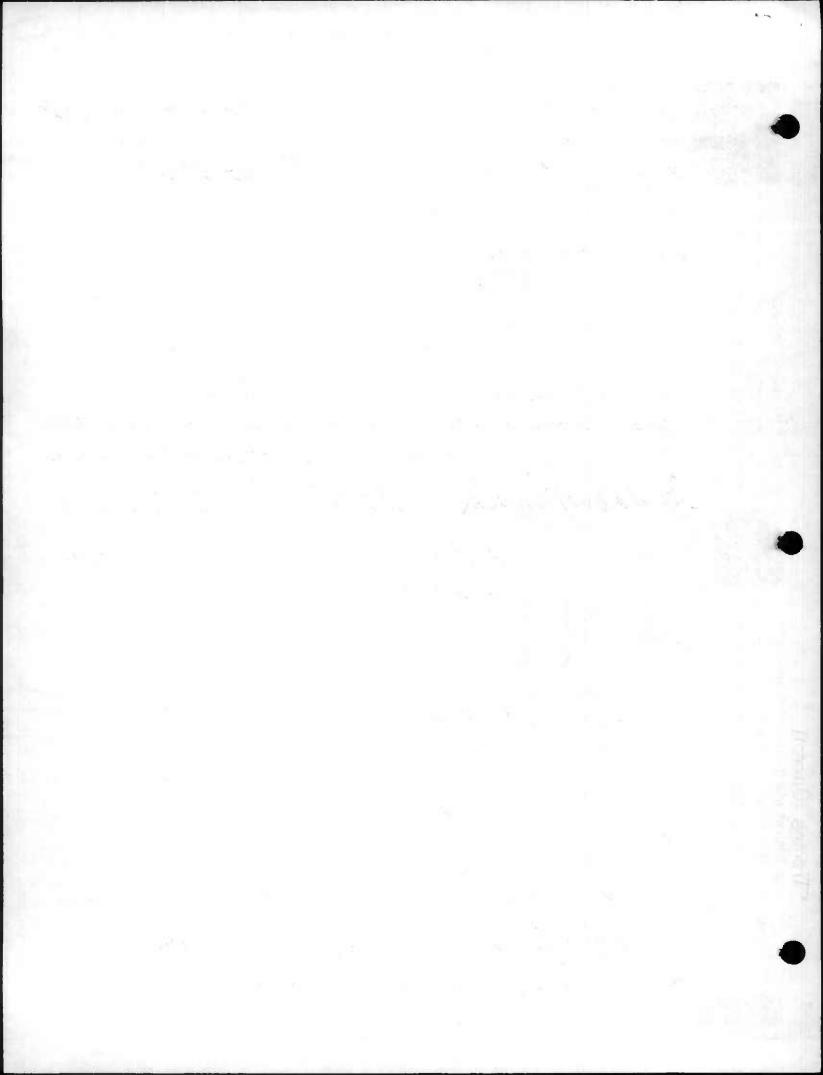
Are, Hogerstown Northern md 31. Data filed (Month, Day, Year) 32. Registrar's Signature

Mo

Julia Davidson

R.L. Kujler, MD

State Registrar



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death Month February **Physician** 1998 5:00 am Marion Bell Conn /Medical 4a. Facility Neme (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 300 Northern Avenue Hagerstown Washington 5. Social Sacurity Number If Undar 1 Year If Undar 24 Hrs.

Months Days Hours Min. 8. Data of Birth (Month, Day Year) August 15, 7. Aga (In yrs. lest birthday) 9. Birthplaca (Stata or Foraign **Funeral** Days 1□ M 2□ F 579-18-2729 Director 86 Yrs 1911 Washington, D.O Usuel Rasidence of Decedant tha Manyland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumstic event, the Manical Examiner must be nothed at Washington Maryland Hagerstown Director 1 ☐ Yes 2 ☐ No 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? permit. Pagas 1 and 2 should be filed within 72 hours after death with Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or item—nother trainment. 300 Northern Avenue 21742 USA Funeral 12. Was Dacedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Datas: 11. Marital Status Was Decedant of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 14. Race - American Indian, Biack, Whita, etc. 1 Never Merriad 20 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☒ No Specify White þ 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elamentery/Secondary (0-12) Collega (1-4or 5+) Waitress Restaurant 17. Father's Nema (First, Middla, Last) 18. Mothar's Name (First, Middla, Maiden Sumama) Charles Tawney Anna McDonald 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) William Н. Conn 300 Northern Avenue Hagerstown, Maryland 21742 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cremation 3 Ramoval from Stata 2/10/98 Rest Haven Cemetery 4 ☐ Donation 5 ☐ Othar (Specify) Hagerstown, Maryland Signatura of Funaral Sarvice Licensi 22. Nama end Addrass of Facility Gerald N. Minnich 305 N. Potomac Street 23a. Part1. Enter the disaasa, or complications that caused the death. Do not antar the mode of dying, such as cerdiac or respiratory errest,

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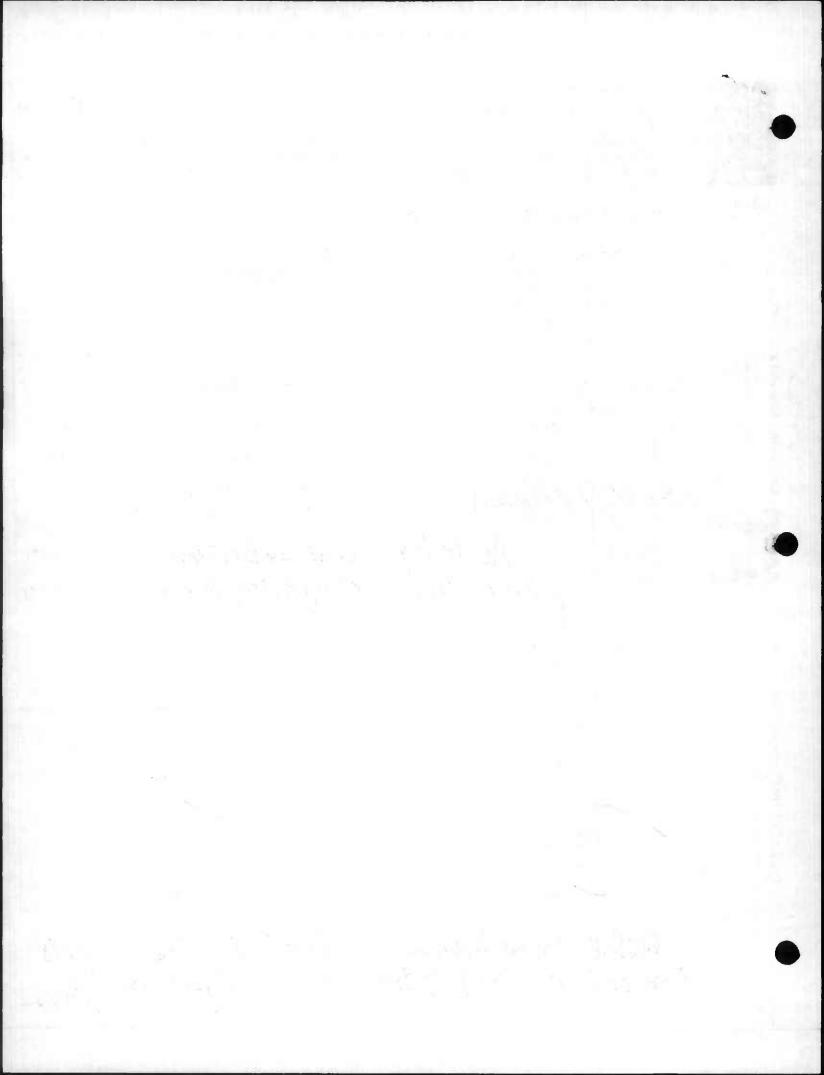
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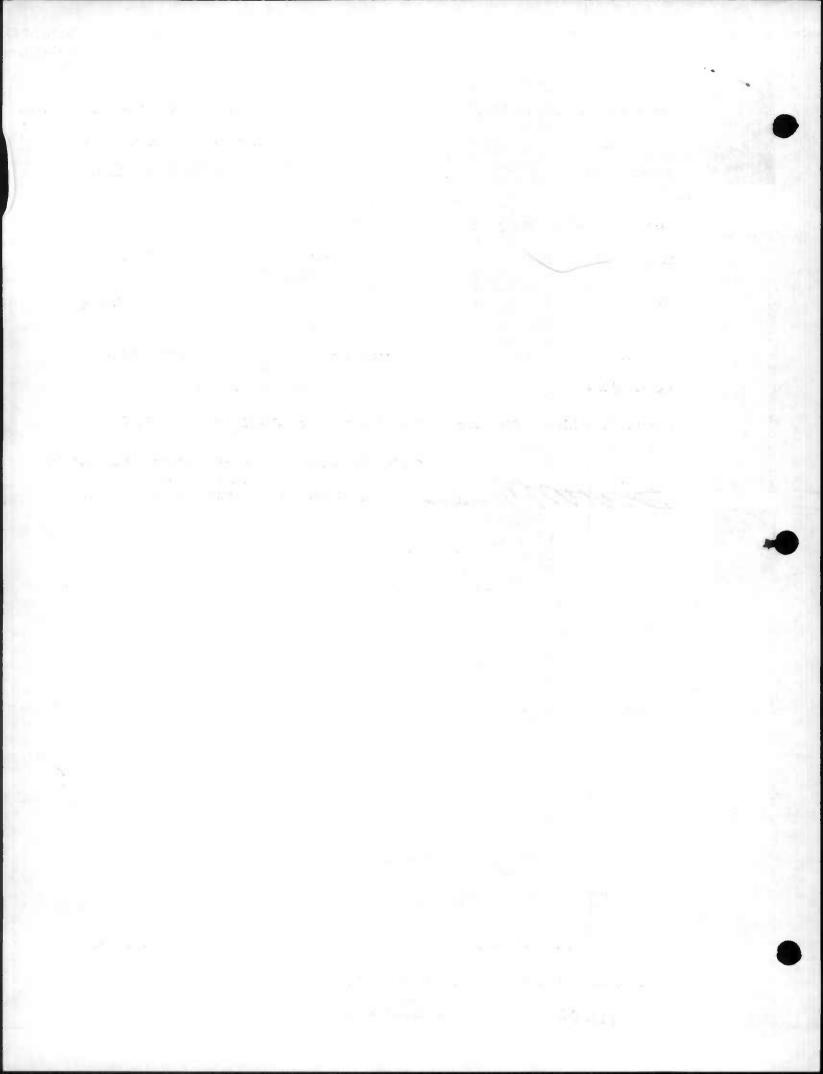
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Appro Intarval Batween Onset and Death **Physician** /Medicai Immediata Causa (Final disaase or condition rasulting in daath) Examiner Examiner tha burial-transit Saquentially list conditions, if any, laading to immadiata ceusa. Enter Undarlying Causa (Disaasa or Injury that initiated avants resulting in daath) Last Records, P.O. Box 68760. attanding physician Physician/Medical Dua to (or es e consequance of): for Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed by þ cata has been sig ; paga 2 should b 24b. Were autopsy findings available prior to Completed 24a. Was en eutopsy performed? completion of cause of death? this cartificata has 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital or Attending Physician: Be 25. Was casa rafarred to medical 26. Placa of Death (Check only one) Other: 4 Nursing Homa 5 Besidence 1 Yas 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA 6 Other (Specify) illed in by tha funaral 27. Manper of Daath 28a. Data of Injury (Month, Day Yaar) 28d. Dascribe how Injury occurred 28b. Tima of Certification: 28c. Injury at Work? within 24 hours after death. To the Funeral Director: After Natural 5 Pending Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 3 Sulcide 6 Could not be Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homleida Hospital 1 Certifying Phyalcian: To tha best of my knowledge, deeth occurred at the time, data and place, and dua to the causa(s) and menner es steted.
2 Medical Examinar: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) and manner stated. Medical 29a. Cartifiar complately the th 29b. Signatura and title of certified 29c. Licansa number 29d. Deta signed (Month, Day, Year) State Registrar



State of Maryland / Department of Health and Mental Hygiene Q

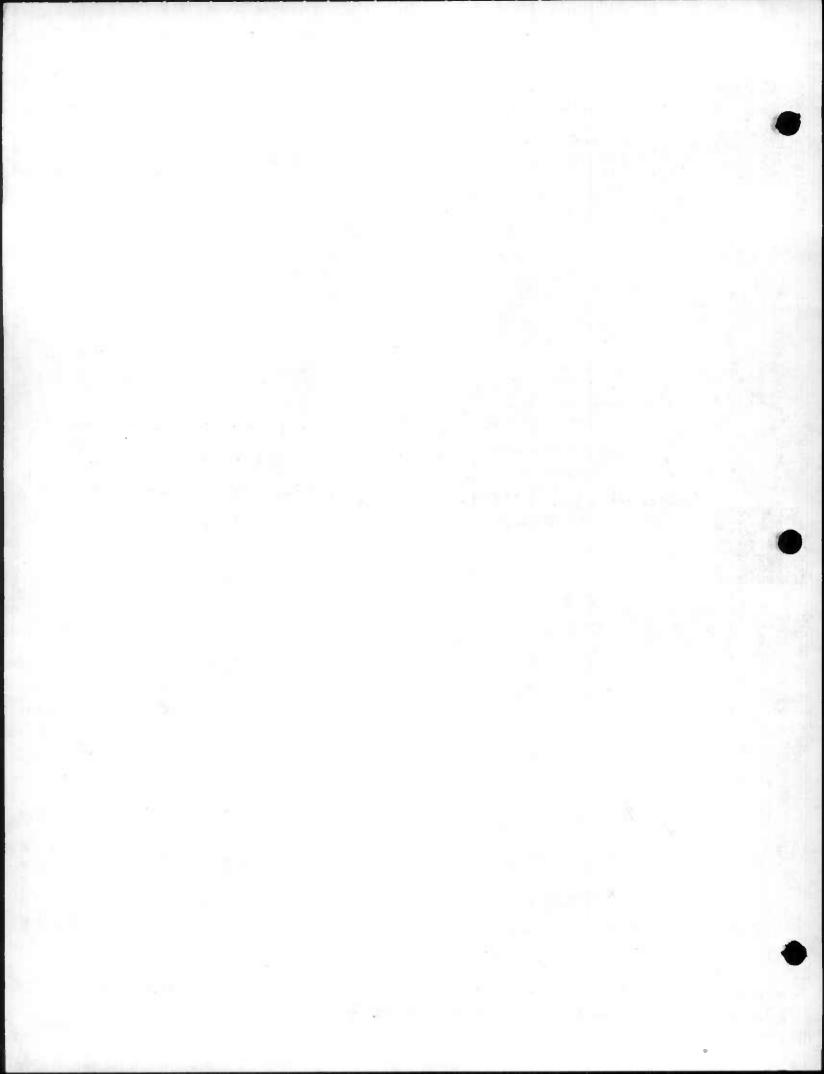
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Г	Funeral Director				ge (In yrs. las 86	t birthday) If Und Month	der 1 Year S Days	If Under 24 Hrs	8 Date of Birt		-	Stete or Foreign
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	leath	Funeral Director	11913 Wesley Dr	12. Wes Decedent	Ever in U.S.	13. Was Dec	217		necify Yes or No		S.A.	lien
020	be filed within 72 hours efter death with the Maryland nat Hyglene. Id other than "neture!", or items 23a or 28a-f show event, the Modical Examiner must be notified at	þ	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	Armed Forces?	?		ecify Cub 2 X No	HispenIc Origin? (S en, Mexican, Puerl Specify:	o Rican, etc.)	Specify	ck, White, etc.	
Ö	2 hou	ted	15. Decedent's	Education		16a. Decedent's Us	suel Occu	petion		16b. Kind of Bu	usiness/industry	
21215-0020	within 7 ene. than "n	Completed	(Specify only highest g	College (1-4or	5+)	life. DO NOT	use retire		rking	0	M.F.	
d 2	e filed al Hygic other vent, p	S	12 17. Fether's Neme (First, Middle, La	ost)		Voicing	ріре		me (First, Middle,	Organ Meiden Sumem		
lan	id be entai ked o	To Be	Harry Elias	,					Griffit		-,	
ary	s should be send Mental I s marked of	-	19e. Informent's Neme/Relationship	(Type, Print)		19b. Meiling Addre	ss (Stree	t end Number or Ru	ural Route Numbe	er, City or Town,	Stete, Zip Code)
Σ,	4 T		Bonnie E. Kelle	r - Daught	er	2405 Tab	or Di	rive Mid	dletown,	Md. 21	769	
ore	ges 1 end 2 should it of Health end Mer if Item 27 is marks or other treumatic		20e. Method of Disposition 1 □ Buriel 2 ☒ Cremetion 3	□ Removal from State	20b. Pied cem	e of Disposition (A	lame of r other ple	oce)	Date	20c. Location -	City or Town, S	tete
Ë	ment ant: I		4 □ Donetion 5 □ Other (Spec			rstown C	remat	ory	2-4-98	Hagerst	own, Ma	ryland
Baltimore, Maryland	permit. Pages 1 en Depertment of Heal Important: If Item 2 any injury or other once.		21. Signeture of Funeral Service Lic	ensee		1			innich H	uneral	Home	
_	00200		DOOW.	Wollen	neel	-		lson Blvd	_	_	Md. 217	40
ر مانية	Physician		23e. Pert1. Enter the diseese, or co shock, or heart fellure. List on	nplications that cause y one cause on each li	d the deeth. ine.	Do not enter the m	ode of dyi	ng, such es cerdiad	or respiretory e	rest,	Inten	oximete vel Between et end Deeth
^	/Medical Examiner		Immediate Cause (Final disease or condition resulting In death)	θ.	Pau	mania					2	dy
		e.	rosulting in dostri			s e consequence o	*	0 1				
٦	uted d ansit	Examiner	Sequentially list conditions. Due to (or es e consequence of):									24
ó	exection and and riel-tra	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying		Due to (or es	s e consequence o	1):					
68760,	death certificete be executed e ettanding physician and of for use as the buriel-transit	Aedical	Cause (Disease or Injury thet initieted events resulting in deeth) Lest	Due to (or es e consequence of):								
		Med	rossiang in doorly 255								1	
Box	ath ce	lan/		d					-			
P.O.	ha de	Physician/	Pert II. Other significant conditions	contributing to death b	out not resulting	ng In the underlying	g ceuse gi	ven in Pert I.			ntribute to the c	
	as that tha death cer igned by the ettandir be detached for use	by Ph	Hoperlinin	Condinsio	ila	Direct	~		10	Yes 2 No	3 Probably	4 ☐ ⊌nknown
Division of Vital Records,	law requiras that tha as been signed by th 2 should be detache	Completed b							24e. Wes perfo	en eutopsy rmed?	eveileble	topsy findings prior to ion of cause
Rec	The law ate has t page 2 s	mpi									of deeth	?
ta		e C	25. Wes cese referred to medical		_			Of Disease Day		res 2 ☐ No	1 Li Yes	2 No
>	Physician: r this certific aral director,	O B	exeminer?	Hospital:	ent 2□FB	VOutpetient 3□ I	DOA Ott	1.0	oth <i>(Check only c</i> lome 5 ☐ Resid		er (Specify)	
0	g Phys er this neral di	n: T	27. Manner of Deeth	28e. Dete of Inju (Month, De		Bb. Time of Injury	28c. Inju Wo			now Injury occur		
Sior	Attending ir death. ector: After by the fune	atio	1 ☐ Maturel 5 ☐ Pending Investigati	on	ly (bai)	M		Yes 2 No				
Divis	s after de i Directo	Certification:	3 ☐ Suicide 6 ☐ Could not 4 ☐ HomIcide determine	d 266. Place of Inj	jury - At home c. (Specify)	e, ferm, street, fecto	ory, office		28f. Location (S City or Tox	Street end Numb m, Stete)	per or Rurel Rout	e Number,
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edlcai (29a. Certifier 1 Certifying F (Check only one)	Physician: To the best aminer: On the basis of end menner st	f examination	dge, death occurre n end/or investigation	ed et the ti	me, date end plece opinion, deeth occu	, end due to the irred et the time,	ceuse(s) end me dete end plece,	nner es steted. end due to the c	euse(s)
	To th withir To th comp	Me	29b. Signeture end title of certifier			2	9c. Licen:	se number			d (Month, Dey,)	(ear)
)	CM MO			D	18019		F-6 3.	. (१९४	
			30. Name end eddress of person who									
			Dr. V. Datta, 33					1740				
	Sta	ite	31. Dete filed (Month, Day, Year)	32. Registr	ar s Cig nal	1 10-1	101					



State of Maryland / Department of Health and Mental Hygiene

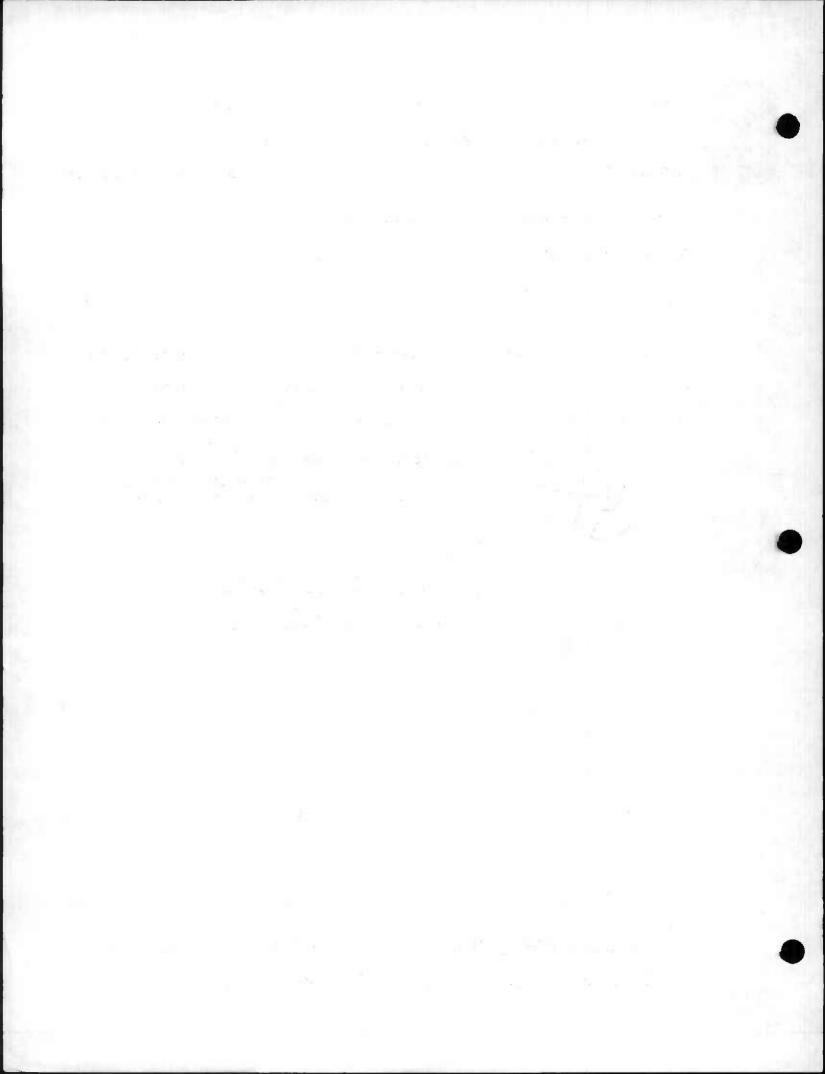
						Cert	tificate of	Death		F	leg. No. 9 0	U	5401
r	Physic	ion	1. Decedent's Name (First, Middle, Las	st)						2. Date of Daa	th	Year	3. Time of Deeth
Ų.	/Medi		Glen Monroe	Craig						February	z ^{Pey} 1998	Toai	8:00 A.M
	Exami		4e. Facility Name (If not institution, give 12031 Smithfie)		ne			Hag	erst			of Death ingto	
	_o Funeral Director		5. Social Security Number 6. Security Number 220–18–0941	ex 2□ F 7. Age 7. Age 72	(In yrs. last birt	rhdey) Yrs.	Months Deys	If Under Hours	24 Hrs. Min.	8. Dete of Birth (Month, De) Fe bruary	Ž, 1926	9. Birthp Coun Mary	lace (Steta or Foreign Land
	e Marylend Se-f show	Director	10a. State 10b. County Maryland Washing	gton	10c. City, Town Hagers							10	0d. Inside City Limits 1 ☐ Yas 2 ĀNo
	23a or 20	ral Dire	12031 Smithfiel	ld Farm Lar	ne		10f. Zip Code 21740			1	10g. Citizen of V US		try?
21215-0020	d within 72 hours after deeth with the Maryland jiene. Then "natural", or items 23s or 28s-f show the Madical Evarence must be notified at	by Funeral	11. Marital Status 1 □ Navar Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Ev Armed Forces? 1 ☑ Yes 2 ☐ No If Yas, Giva Yaar or Datas:			as Decedent of Yas, specify Cub ☐ Yes 2 No			ecify Yas or No- Rican, etc.)		ea - Americ ck, White, White,	atc.
5-0	72 ho	Completed	15. Decedent's Ed (Specify only highest grad	ucetion de completed)	16e.	Decede	ent's Usuel Occu and of work done	petion during mos	t of work	Ina	16b. Kind of B	usiness/ind	dustry
121	within ene.	mp.	Elementary/Secondary (0-12)	College (1-4or 5+)		life. Do	O NOT use retire	nd)			Townstoin :	Itaad C	Son and brown Cills also
Maryland 2	be filed tal Hyg d othe event,	Be	17. Fether'a Name (First, Middle, Last) Mack R. Craig			56	ecurity	18. Mothe		a (First, Middle,	Meldan Surnem		Country Club
Z	should be and Mental marked o	5		Comp. Comp.	405	B.4 - 101	A.I.I (O)						
Z	alth and 27 is mud 27 is mud in traum		19a. Informant's Name/Relationship (7) Julia L. Craig	yp⊕, rnni) Wife						rel Routa Numbe			
altimore,	Peges 1 and inent of Health int: If Item 27 lary or other tr	20a. Method of Disposition 1										City or To	wn, State
alti	교환관등.		21/Signature of Funeral Service Licens			-	Name and Addre		1	, ,, ,,		, .	ar y rund
m	Depa Impo		Reald M.	ninner		Ger	ald N. 1	Minnic	h	305 N.	Potomac	Stre	eet
	Physician /Medical		23a. Part 1. Enter the disaase, or comp shock, or heart failure. List only of Immediate Cause (Final disease or condition	elications that caused the cause on each line.	the death. Do no	ot enter	the mode of dy			meta			Approximate Interval Between Onset and Death
	Examiner	ner	resulting in death)	Di	ue to (or es e	onsequ	ence of):						10010
oʻ	an end urial-trans	Exam	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	8.	ue to (or as a co	onseque		il.	X.	Car		1	Bya
x 68760,	eath certificate be executed ettending physician end for use as the burial-transit	Medical Examiner	thet Initiated events rasulting in death) Last	C. Du	ie to (or as a co	onseque		4 /	74				
80	ath contend for us	ian		d									
P.O.	he de	Physician	Part II. Other aignificant conditions co	ntributing to death but i	not reaulting In	the und	derlying ceuse gi	ven in Pert I		23b. Did to	bacco uae coi	ntribute to	the causa of death?
ر. دي	ras that the death signed by the etter be detached for u	by Ph								1 U Y	es 2) No	3 Prob	pably 4 ☐ Unknown
Records,	aw requi	Completed b								24a. Was a perform	in autopsy med?	ava	ore autopsy findings nilable prior to appletion of ceuse death?
Ť	The late he	E O								1 □ Y	es 2 No	1 🗆	Yes 22 No
VITa	ysicien: The s cartificata director, par	Be	25. Wes cese referred to medical exeminer?						of Deat	h (Check only or	ne)		
on of	2 00	ion: To	1 ☐ Yes 2 No 27. Magner of Death 1 Naturel 5 ☐ Pending	Hospital: 1 Inpatient 28e. Dete of Injury (Month, Day Y	28b. Ti		28c. Inju Wo	ry et rk?		me 5 AReside 28d. Describe ho		,	")
Division of	deat ctor: y the	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc. (- At home, fam (Specify)	m, stree		Yes 2□		28f. Location (Si City or Town		er or Rura	l Route Number,
	To the Hospital or I within 24 hours aftar To the Funerel Direct Completely filled in L	edicai C	29a. Certifier (Check only one)	alclan: To the best of riner: On the basis of exand manner state	camination and	deeth o	occurred at the ti stigation, in my	me, date an opinion, dea	d place, th occurr	and due to the cred at the time, d	euse(s) and ma ate and place,	nner as stand due to	ated. tha cause(s)
	ro the vithin ro the	Me	29b. Signature and title of cartifier	and married dialo			29c. Licans	sa number		2	9d. Dala signa		
	->-0		mussal3.	Qu			D	148	00		215		
•			30. Neme and address of person who co	ompleted ceuse of deat	th (Item 23a) (T	Гуре, Рг							
			Dr. Alizadeh	, Massoud	B.	2	40 Fr	eder:	ick	Street	Hage	erst	own, Md.
	Sta Registr	-	31. Data filed (Month, Dey, Year) FEB 06 1	1998 32. Registral's	ha Davids	on-A	andelle						

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene

					,	Certifica	te of	Death	F	leg. No. 98	0	5402				
	Physici	an	1. Decedent's Name (First, Middle, Last)	ANGTO					2. Dete of Dee Month	th Dey	Yeer	3. Time of Death				
J	/Medi			ANCIS	C	COLLINS,			JANUARY	31, 19	98	11:55 AM				
	Examir	ner	4e. Fecility Neme (If not institution, give s HAMILTON CENTER-GE		בם כאחב			4b. City, Town, or L								
Н	Funeral	-	5. Social Security Number 6. Sex		In yrs. last birt	-	r 1 Year	BALTIM If Under 24 Hrs.			A Rithn	lece (State or Foreign				
	Director		066-12-2885	M 2□F		Yrs. Months	Deys	Hours Min.	8. Dete of Birth (Month, Dey FEB. 1,		Coun	SYLVANIA				
	ylend		10a. State 10b. County	1	Oc. City, Town	or Location					1	Od. fnside City Limits				
	the Merylen 28a-f show	ctor	MARYLAND ANNE AI	RUNDEL		GLEN BUI	RNIE					1 ☐ Yes 2X No				
	23a or 24	al Director	10e. Street end Number 532 ELIZABETH LAND	£		10f. Zij	Code 210	61	1	I 0g. Citizen of W		try?				
21215-0020	efter des	by Funeral	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorcad	2. Wes Decedent Ev. Armed Forces? 1X Yes 2 No If Yes, Give Yeer or Detes:		13. Wes Dece		Hispenic Origin? (Sten, Mexican, Puerlo Specify:	pecify Yes or No- p Rican, etc.)		- Americ k, White,	an fndien, etc. HITE				
5-0	72 hc	eted	15. Decedent's Educ (Specify only highest grade	ation completed)	16a.	Decedent's Usu (Give kind of wo	el Occup	petion during most of work	kina	16b. Kind of Bu	siness/inc	lustry				
121	d within 72 hours jiene. r then "netural", the Medical Era	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)		life. DO NOT u	se retire	d)								
d 2	등 수도 된		17. Fether's Neme (First, Middle, Lest)	N/A	,	SECURITY	ζ	18. Mother's Nam	ne (First, Middle,	WESTIN		SE				
Maryland	0 2 0	To Be	JOHN BERNAM	RD	COLLI	NS		MAYME		MORAN	-,					
lary	d 2 should thend Men 7 is marks traumatic		19e. Informent's Neme/Reletionship (Typ		19b.	Meiling Address	s (Street	end Number or Ru	ral Route Numbe	r, City or Town,	State, Zip	Code)				
	7 5 5 2		JOHN F. COLLINS, JE					AVENUE,	BALTIMOR	RE, MD.	2121	4				
Baltimore,			20a. Method of Disposition 1 ☐ Buriel 2 ☑ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)		cemeter	Disposition (Na y, crematory or o EAKE CR	other pla	CORY, INC	2-2-98	BELTSV						
Balti	permit. Pages Department of Important: If It any injury or o		21. Signature of Funeral Service License	0		22. Name er	nd Addre	ess of Facility SI	NGLETON	FUNERAL	HOM	Ε,				
		Н	23e, Pert1, Ental the diverse or complic	22. Name end Address of Facility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 36. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between												
	Physician /Medical Examiner		shock, or the art failure. Lift only on Immediate Ceuse (Finel disease or condition resulting in deeth)	Pa	neun	mia.					1	Interval Between Onset end Deeth				
		ner	Due to (or es e consequence of): Cross Curry Curry Leut Faul Due to (oras e consequenca of): Due to (oras e consequenca of): Scheur C Heut Useric Scheur C Heut Useric													
	ocuted ind transi	Examiner	Sequentially list conditions, Due to (ocas e consequenca of):													
60,	the death certificete be executed by the attending physician end ached for use es the buriel-transit		Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury	18	che	- LC 14	- Hent deseric									
68760,	physicate s	Medical	thet initiated events resulting in death) Last	Du	e to (or es e co	onsequence of):										
Box (certific nding p use es		d.													
	death cer a attendir d for use	icia	Pert II. Other significant conditions cont	ributing to death but r	not resulting in	the underlying	rausa nis	en in Pert I	23h Did to	shaces use con	tribute to	the cause of death?				
P.0	that the de ned by the a detached	y Physician/I		induiting to death but i	iot resulting in	the underlying t	ause gn	on in reign.		es 2 No		1				
Vital Records,	aw requires as been sign 2 should by	Completed by							24a. Wes e	en eutopsy med?	eve	ere autopsy findings Bilable prior to Impletion of cause deeth?				
Ä	0 - 0	Com							1□ Y	es 2 No	1 🗆	Yes 2□No				
/ita	ician: Th certificate rector, per	Be	25. Wes cese referred to medicel exeminer?	10-1					th (Check only or	ne)						
of	Physician: this certific ral director,	1.	1 ☐ Yes 200 No Pro	1 Inpatient	2 ER/Out			4 U Nursing H	ome 5 Reside			0				
on	ding th.	tion	Naturel 5 ☐ Pending	28e. Date of Injury (Month, Day Y	ear) 28b. Ti	ine of jury	28c. Injur Wor 1 □	rk? Yes 2 □ No	28d. Describe h	ow injury occurr	₽d					
Division	of or Attending effer death. Director: Affer d in by the fune	Certification:	2 Accident Investigation 3 Sulcide 6 Could not be 4 Homicide determined	28e. Place of Injury building, etc. (- At home, far Specify)				28f. Location (S. City or Town		er or Rura	Route Number,				
_	To the Hospital or Attending Physician: within 24 hours effected. To the Funeral Director: Affer this certific completely filled in by the funeral director.	edical Ce	29a. Certifier (Check only one) 12 Certifying Phyel 2 Medical Examina	er: On the basis of ex	eminetion end	death occurred	et the tir	me, date end plece,	end due to the c	euse(s) end mei lete end plece, e	nner es st	eted.				
	o the o the omple	Med	29b. Signeture end title of certifier	end menner steted	3.											
	F 3 F 8		1 January 0 11	Ban O W	Y)	29c. License number 29d. Dete signed (<i>Month, Dey, Year</i>) 2 1 2 198										
		-	30. Neme end eddress of person who con	npleted ceuse of deet	h (Item 23e) (1	Type, Print)										
			Howard HB	onal 91	18 B.	elank	م مر	Balti	rive M	ul 21	230	0				
	Sta Registr	-	31. Dete filed (Month, Day, Year) FFR 0.3 1998	32 Registrar's		indelle										

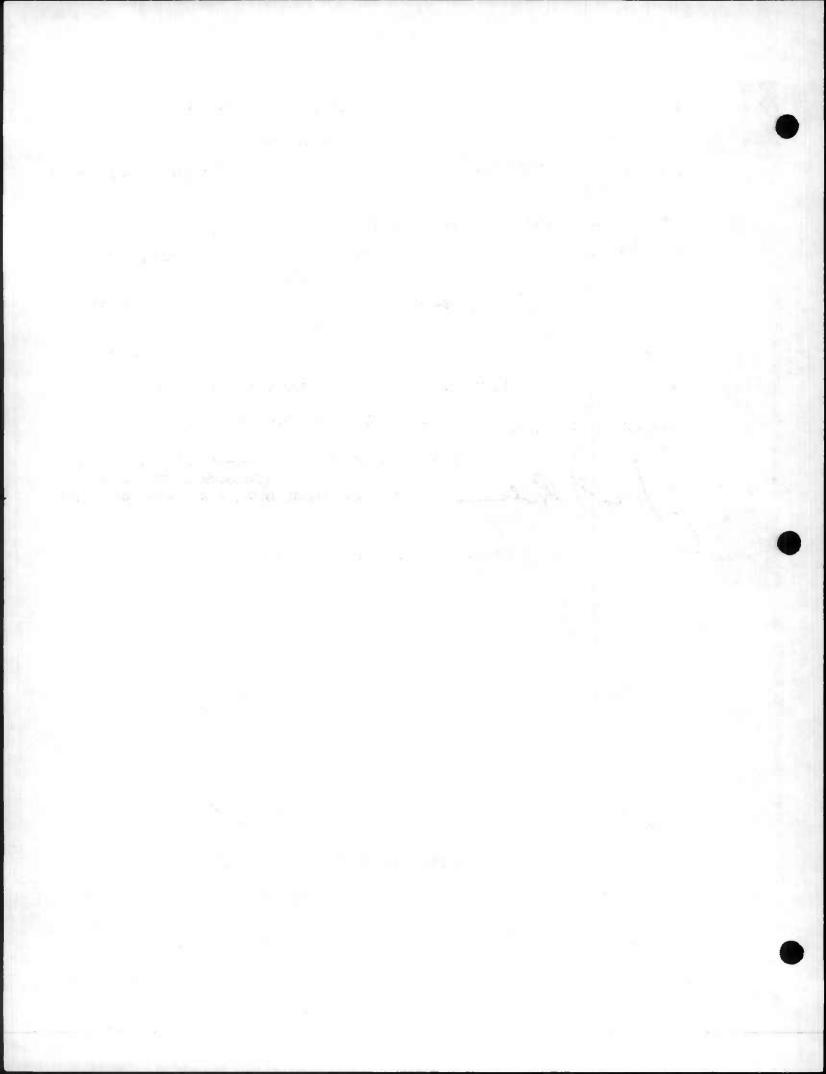


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** ALBERT CRITCHLOW FEBRUARY 1998 1:00 PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 7210 CROWN ROAD GLEN BURNIE ANNE ARUNDEL If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number 6. Sex 1 XM 2 ☐ F 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** Months Yrs. 172-07-4626 81 Director 12/13/1916 PENNSYLVANIA Usuel Residence of Decedent the Maryland 10e Stete 10b. County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Exertiner must be notified at 10d. Inside City Limits 1 TYes 2NNo Director ANNE ARUNDEL GLEN BURNIE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whef Country? 7210 CROWN ROAD 21060 UNITED STATES death 12. Was Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Maritel Status should be filed within 72 hours efter ond Mental Hygiene.

marked other than "natural," or har 1 1 1 Yes 2 □ No If Yes, Give Yeer or Detes: 1940–62 1 ☐ Never Married 2 N Married Baltimore, Maryland 21215-0020 1 Yes 2 XNo Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced WHITE Completed 15 Decedent's Education 16e. Decadent's Usuel Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementery/Secondary (0-12) College (1-4or 5+) 12 MEDIC U.S. ARMY 17. Fether's Neme (First, Middle, Last) permit. Pages 1 end 2 should be filk Department of Health and Mental Hy Important: If Nem 27 Ia marked oth any Injury or other traumatic event 18. Mother's Neme (First, Middle, Meiden Surneme) Be EARL CRITCHLOW MARGARET BARBARA MILLER 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 7210 CROWN ROAD, GLEN BURNIE, MD 21060 MARGARET CRITCHLOW/ WIFE 20b. Pieca of Disposition (Name of cametery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stefe 1 N Buriei 2 □ Cremation 3 □ Removel from State 4 □ Donation 5 □ Other (Specify) MD VETERANS CEMETERY 2-6-98 CROWNSVILLE, MD 21. Signeture of Funeral September 22. Name and Address of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 Part Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory errest, or heart failure. List only one cause on each line. Onset end Death **Physician** /Medical Progressive lung Cancer mediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner attending physician and for use es the bunal-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequenca of): Box 68760. Physician/Medical Due to (or es e consequence of) P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? the ed by 1 Yes 2 No 3 Probably 4 Unknown Records, s been signed should be d by 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 PAesidence 8 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 2 After this 27. Menne of Deeth 28e. Date of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Hospital or Attending PI
 24 hours effer death.
 Funeral Director: After the Certification: 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident in by the 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 Suicide 28e. Placa of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide To the Hospital o within 24 hours of To the Funeral D completely filled 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end pleca, end due to the cause(s) end menner steted. 29a, Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date/signed/(Month, Dey, Year) od cause of deeth (Item 23a) (Type, Print), A.D. JHERC 4940 ELSTERN AUE., BALT., AD. 21024 WATELBURY 31. Date filed (Month, Day, Yeer) FEB 0 5 32. Registrer's Signeture State - Randell ha Davidson Registrar

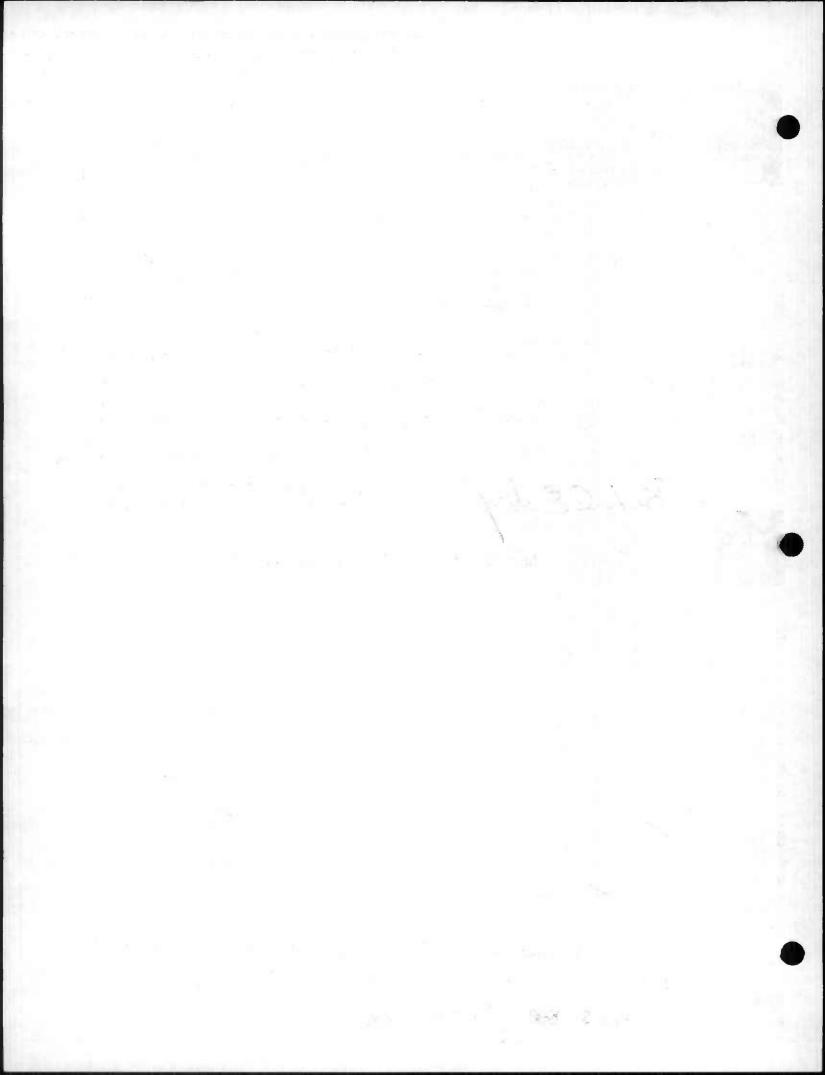


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Tima of Death **Physician** February 1, Day 1998 James Alfred CUTSAIL 7:30 PM/Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 503 Biggs Avenue Frederick Frederick If Under 1 Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Days Hours Min. (Month, Day, 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral X**XM 2□ F 220-05-7752 81 Yrs. Director Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural". or Hample or other traumatic events. 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits Maryland Frederick Frederick Director 1 X Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 503 Biggs Avenue 21702 Funeral U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? 14. Raca - Amarican Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 1 XYas 2 No 1942-If Yes, Give Year or Dates: 1946 1 Never Married 2 N Married 1 ☐ Yes 2 No Specify: White þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grada completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Administrative County Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Horace CUTSAIL E Inda BEATTY 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Helen Cutsail/Wife 503 Biggs Avenue, Frederick, Maryland 21702 20b. Place of Disposition (Neme of cemafary, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Mt Olivet Cemetery Feb 5,1998 Frederick, Maryland 21. Signature of Funeral Sarvica Licensee 22. Name and Addrass of Facility Keeney and Basford P.A. Funeral Home 23a. Part1. Entar tha disease, or complications that collected the death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast,

Approximately 1001255 Approxim Approximate interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final 3 m disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours eigher death.

To the Funeral Director After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burlet-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be (25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Residence 6 □Other (Specify) 27. Manne of Death 28a. Date of Injury (Month, Dey Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending Investigation 1 3 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Steta) 4 ☐ Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) edical 29a. Certifier and manner stated. 29b. Signatura and title of cartified 29c. Licansa number 29d. Date signad (Month, Dey, Year) February 2, 1998 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Str. Fredrick MD2170 Elhamy 501 ESKander MD 31. Date filed (Month, Dey, Year) 32. Registrar's Signatura State Julia Davidson Raylett Registrar

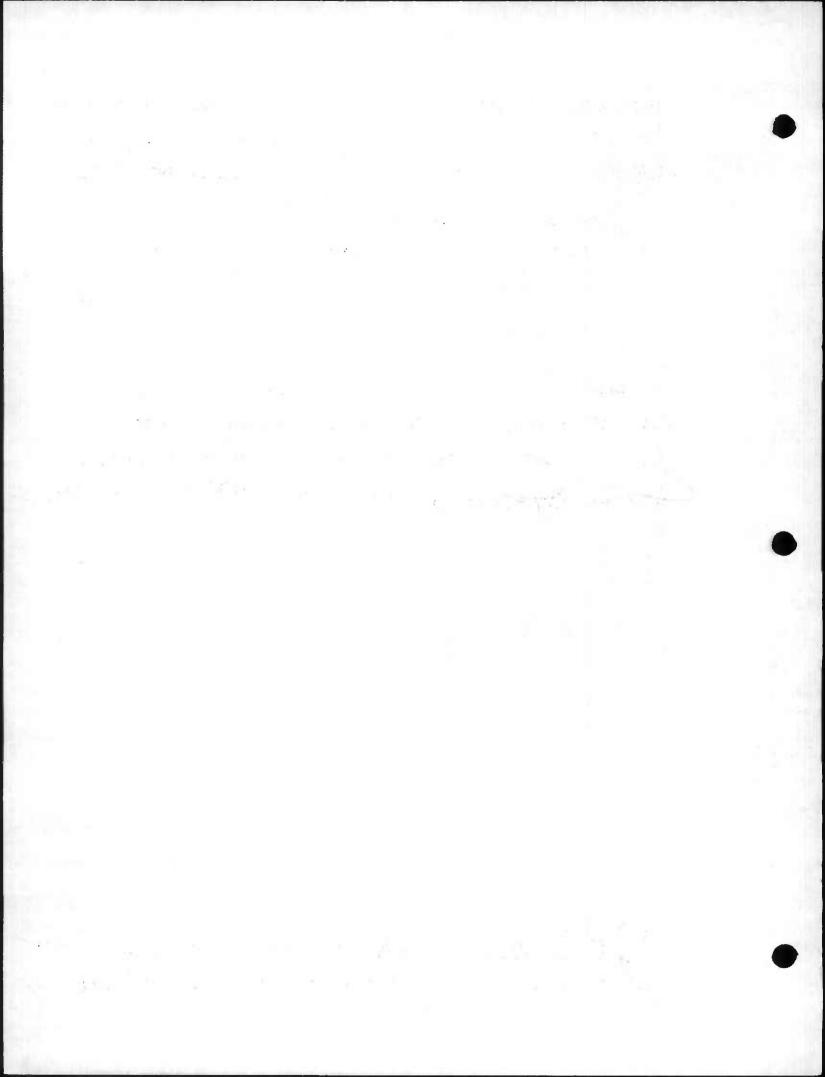


State of Maryland / Department of Health and Mental Hygiene \(\) 05405 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** February 9. 10:45 A.M. Nellie Hargett Daugherty /Medical 4b. City, Town, or Location of Daath 4a. Facility Name (If not Institution, giva street and number) 4c. County of Death **Examiner** Wilson Health Care Center Gaithersburg Montgomery Months Days Hours Min. Apr. 24, 1897 5. Social Sacurity Number 9. Birthplace (Steta or Foreign Country) Maryland 7. Aga (In yrs. lest birthdey) **Funeral** 1□M 2√□F 577-84-0808 100 Yrs. Director Usual Residence of Decedent deeth with the Meryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "naturer", or frems 23s or 28s-f shot traumatic event, the Medical Examiner must be notified at YOYes 2 No Director Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 407 Hamilton Ave. 20910 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Giva Yaar or Dates: Was Dacedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) Race - Amarican Indian, Black, White, etc. 11. Marital Status permit. Peges 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Heart any Injury or other traumatic event, the Medical Experience once. 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: White ğ 3 X Widowed 4 Divorced 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Induatry Elamentary/Secondary (0-12) College (1-4or 5+) Teacher School 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Edward Hargett Welking Unknown 19a. Informant'a Name/Relationship (Type, Print) 19b. Malling Addreas (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mildred Hall 111 Patricks Ct. Smithsburg, Md. 21783 (Friend) 20b. Piace of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Denation 5 ☐ Other (Special Cedar Hill Cemetery Feb. 11,1998 Suitland, Md. 2. Signature of Funeral Service I 22. Name and Address of Facility Davis Funeral Home 12525 Bradbury Ave. Smithsburg 21783 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, ahock, or heer feilure. List only one ceuse on each line. Approximata Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Finel disaasa or condition rasulting in death) Examiner Examiner news clausing ear ate hes been signed by the attending physician end page 2 should be deteched for use as the burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 | Yee 2 | No 3 | Probably 4 | Unknown þ 24b. Were autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? 1 ☐ Yes 2 ☐ No this certificate To the Hospital or Attending Physicien: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director; p 25. Was case refarred to medical Be 26. Place of Death (Check only one) 1 Yes 2 No Other: 4 Nursing Homa 5 ☐ Rasidence 6 ☐ Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. fnjury at Work? Certification: 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Dascribe how Injury occurred 1 Neturel 5 Pending investigation 1 Yes 2 No 2 Accidant 3 Suicide 6 Could not ba Location (Street end Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homleide 187 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end plece, end due to the cause(a) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Data signed (Month, Dev. Year) mi 30. Name and eddress of person who completed cause of death (itam 23a) (Type, Print) RUSSELL GaITHERSBURG meinich 911 31. Date filed (Month, Day, Year) 32. Registrar's Signatura

Julia Davidson

State Registrar



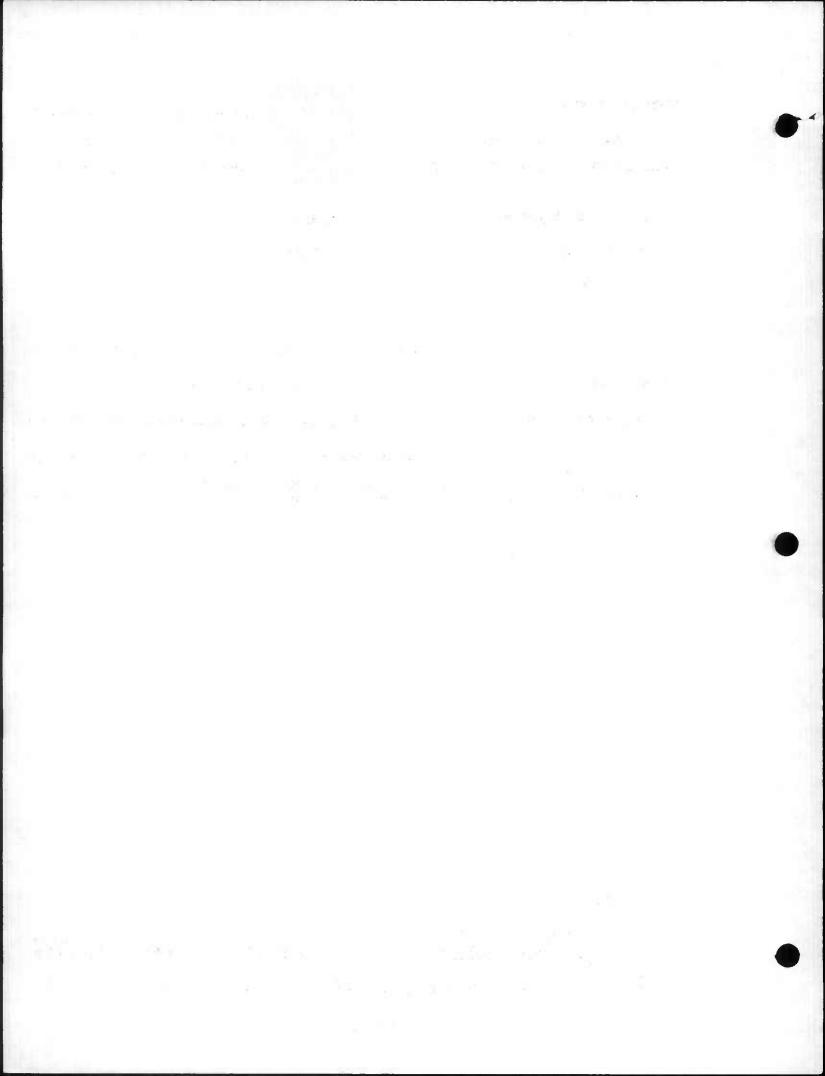
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Deeth 3. Tima of Death Month Dey Yaar **Physician** JOHN JAMES DOBBTE 4b. City, Town, or Location of Death 3:10 P.M. 3 1998 /Medical 4c. County of Deeth 4e. Fecility Neme (If not Institution, give street end number) Examiner Williamsport Nursing Home Williamsport Washington 5. Social Security Number 234-09-5062 7. Age (In yrs. lest birthdey) 82 yrs. If Undar 1 Yaar **Funeral** Months Deys 1 □XM 2 □ F Yrs. Director Usual Residence of Decedent with the Marylend permit. Peges 1 end 2 should be filed within 72 hours efter death with the Marylen Department of Heelih end Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f ehow any injury or other traumatic event, the Medical Examiner must be notified at once. 10a. Steta 10b. County 10c. City, Town or Location 10d. inside City Limits MD Washington 1 ☐ Yes 2 🔯 No Hagerstown Director 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 13219 Hillandale Road 21742 **USA** Funeral 12. Wes Decedent Ever in U,S. Agned Forcas? ⊁E Yes 2 □ No If Yes, Give Yaer or Datas: Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Maritai Status 1 Never Merried 2 Merried Saltimore, Maryland 21215-0020 1 Yes 2 No Specify. Specify: White à 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) Orthopedic Surgeon Medical Doctor 17. Fathar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumema) Minor Dobbie Rosetta Graham 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Mary S. Dobbie, Wife 13219 Hillandale Road, Hagerstown, Maryland 21742 20e. Mathod of Disposition
1 ☐ Buriai 2 ☐ Cramation 3 ☐ Removel from Stete 20b. Pleca of Disposition (Name of cametery, cremetory or other pieca) 20c. Location - City or Town, Steta Smithsburg Crematory Feb. 4 Smithsburg, Maryland 4 Donetion 5 Other (Specify) 21. Signeture of Junarei Sarvige Lidensee 22 Name and Address of Eacility
Douglas A. Fiery Funeral Home 1331 Eastern Blvd. N., Hagerstown, Maryland 21742 Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory errest, or bear failure. List only one cause on each line. Approximete interval Between Physician /Medicai Immediete Cause (Finel disaese or condition resulting in deeth) PNEUMONIA 48 HRS ASPIRATION Examiner Due to (or es e consequença of): Examiner ician end buriel-transit Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or es a consaguence of) Box 68760, ettending physician for use es the burie certificate be Physician/Medical thet initieted events resulting in death) Lest Dua to (or es e consequança of): ed by the e Pert II, Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. P.O. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown SENILE DEMENTIA ADVANCED Division of Vital Records, by 24e. Wes en eutopsy performed? 24b. Were autopsy findings evallable prior to completion of cause of deeth? Completed peen 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) 1 Yes 2 No Othar: 4 Nursing Home 5 Residenca 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funeral 28a. Date of Injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Neturel 5 Panding 1 ☐ Yas 2 ☐ No investigetion 2 Accidant 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, deeth occurred et the time, dete end pieca, end due to the causa(s) end menner steted. 29e. Certifier Medical (Check only one) 29b. Signatura and title of car 29c, Licensa numbar 29d. Date signed (Month, Day, Year) 30. Neme end eddress completed cause of deeth (Item 23a) (Type, Print) look Dr., Boonsboro, MO 21713 Howe 7542 32. Registrar's Signeture)Ver E. 31. Dete filed (Month, Day, Year) State Lulia Davidson-Randoll Registrar

DHMH 16 Rev 6/95



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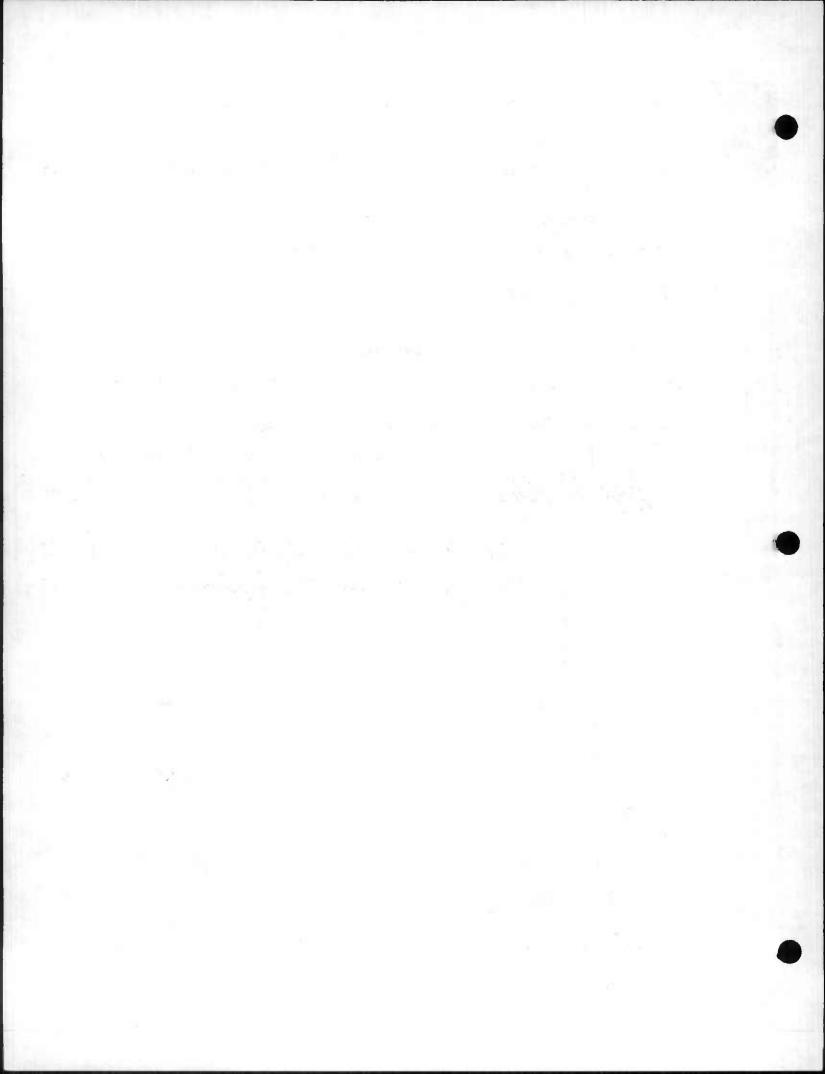
Certificate of Death 1 Decedant's Nama (First Middle Last) 2. Data of Daath 3. Time of Death **Physician** MT730/1898 Aurelia Maria DiMarco 4:00 AM /Medical 4a. Facility Nama (If not institution, giva streat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Anne Arundel Medical Center Annapolis Anne Arundel 5. Social Security Number If Undar 1 Yaar | if Undar 24 Hrs. 8. Data of Birth
10-23-1907 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** 1□ M 2√F Pennsylvania 02-18-1884 90 Yrs. Director Usual Rasidance of Dacedan the Maryland 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits I is marked other than "natural", or items 23s or 28a-f show traumalic event, the Medical Examiner mant be notified at 1 ☐ Yas 2 ☐ No Director Anne Arundel Edgewater Marvland 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 192 Southdown Rd. 21037 U.S.A. death Funeral permit. Pages 1 and 2 should be filed within 72 hours after deal Department of Health and Mental Hygiene. Important: If them 27 is marked other than "natural". or insert property or other traumatic event. 12. Was Dacedant Evar in U,S. Armed Forceo? 1 ☐ Yas 2 ☐ No if Yas, Giva Yaar or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, Black, Whita, atc. 1 □ Navar Married 2 □ Married Specify: White 1 ☐ Yas 2 ☐ No Specify: by 3 M Widowed 4 □ Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Coltege (1-4or 5+) Homemaker Own Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middle, Maidan Sumeme) Be Pasquale Raffaele Marianna Ferrarelli Domenico 10 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rurel Routa Number, City or Town, Stata, Zip Coda) Rose M. Procopio/Daughter 192 Southdown Rd., Edgewater, MD 21037 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1XXBurial 2 Cramation 3 Ramoval from Stata 2/2/1998 Rockledge, PA Lawnview Cemetery 4 Donation 5 Othar (Specify) Funeral Service Dcansaa 22. Nama and Addrass of Facility George P. Kalas Funeral Home, P.A alas 2973 Solomons Island Rd., Edgewater, MD 21037 23a. Party Ental tha disaasa, or complications that causad the death. Do not antar the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Intarval Batwaan Physician /Medical Immadiata Causa (Final disaasa or condition resulting in death) attending physician and for use as the burial-transit Sequentially list conditions, if any, leading to immadiata ceusa. Entar Underlying Causa (Disaase or Injury that initiated avents rasulting in death) Last that the death certificate be exec Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequance of): Part Ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 23b. Did tobacco use contributs to the cause of death? been signed by should be detac 1 ☐ Yes 2X No 3 Probably 4 Unknown p 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? complation of causa of death? certificate Attending Physician: 25. Was cesa rafarrad to medical axaminar?
1 ☐ Yas 200 No 26. Placa of Daath (Chack only ona) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) Inpatiant 2 ER/Outpatient 3 DOA this funeral 28a. Dete of Injury (Month, Day Yaer) Magnar of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Tima of After 5 Pending investigation Naturat il or Attending safter death. 1 Yes 2 No 2 Accident 3 Suicide 6 ☐ Could not be datarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 4 ☐ Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a. Cartifiar Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the ceuse(s) end manner es steled.

Medical Examinar: On the basis of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and manner stated. Medical 29b. Signatura and titla of Cartifian 29c. Licansa number 29d. Data signad (Month, Day, Year) of death (Itam 23e) (Typa, Print) ly Avenue #120, Annapolis 600 Ridge ABB35 Wm 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura

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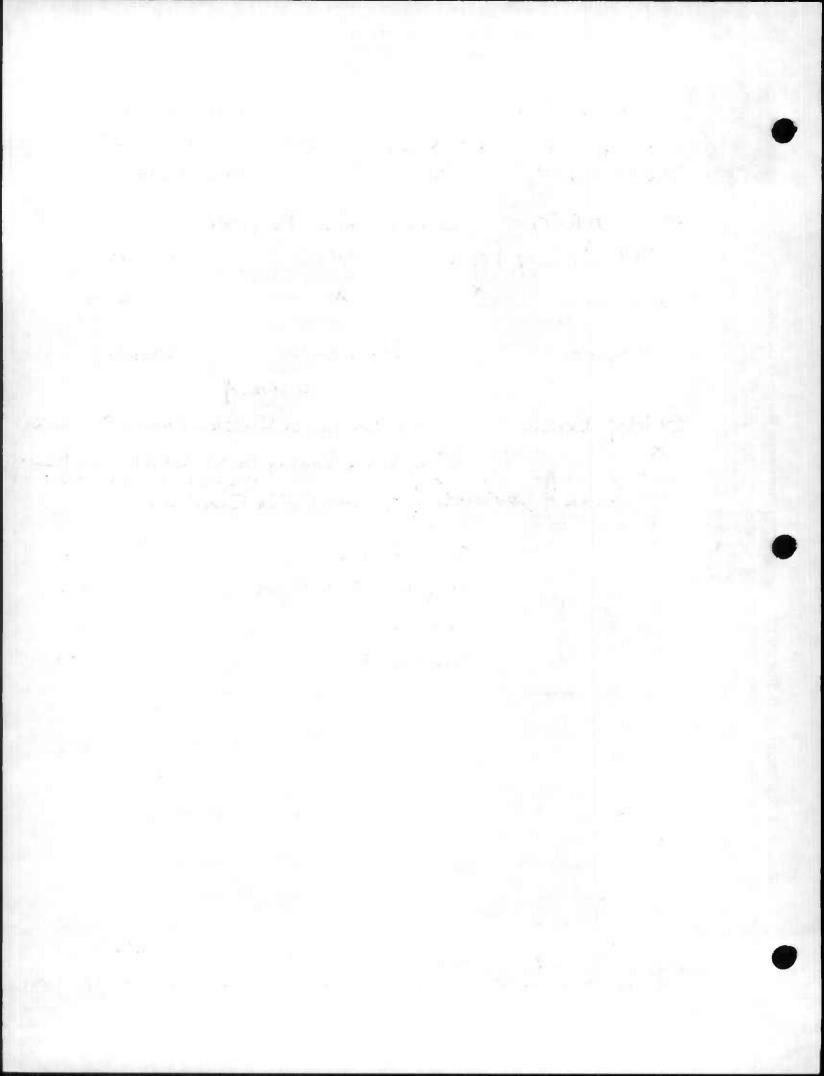
Registrar

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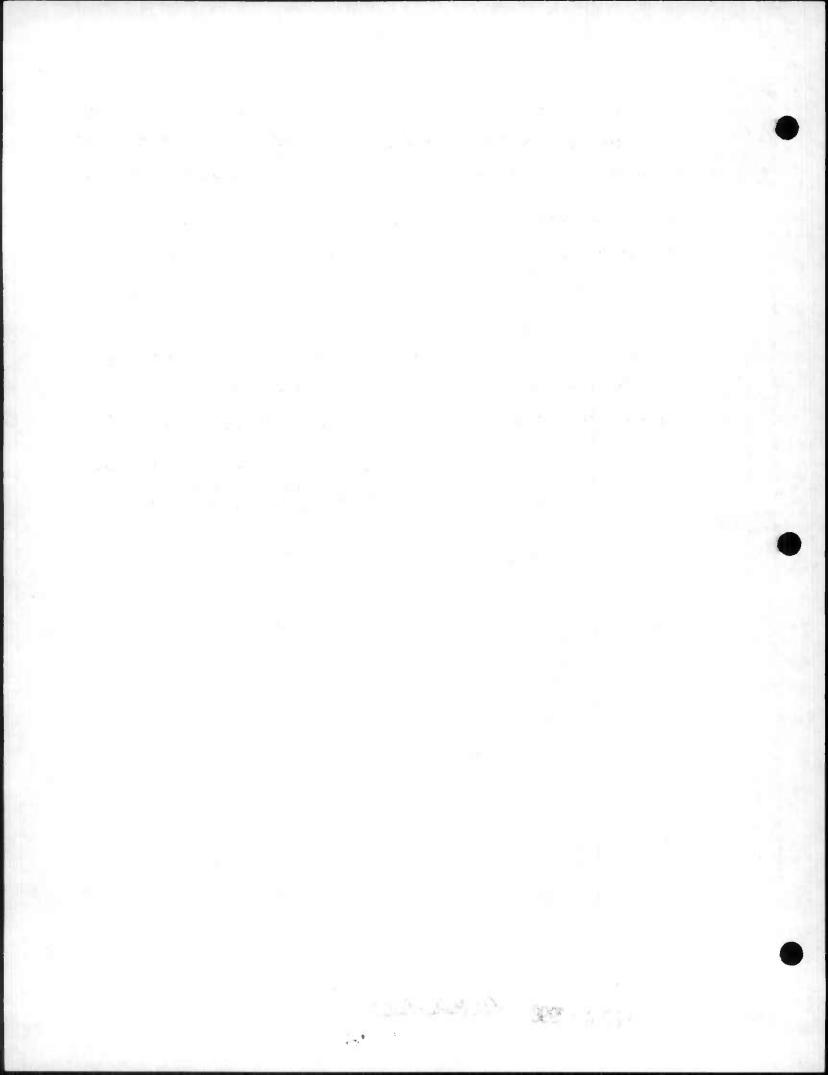
State of Maryland / Department of Health and Mental Hygiene 98 05408

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herra Per ma	11. Marital S	atus	12. Was Decedant Ever in Armed Forcas?	U,S. 13. Was Dec	edent of Hispanic Origin? (ecify Cuban, Mexican, Pue	Specify Yes or No-	14. Race	- American Indien, k, Whita, etc.
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T S		ation 5 Other (Specify)		ien, Have	and Address of Facility			Burnie MD
Important: if any injury or once.	21. Signatur	of Fulleral Service Lights	1//	/ / C	and Address of Facility	426 Cra	IN HWY. 1	6.B. MD.2
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State of Maryland / Department of Health and Mental Hygiene 98 054,09

						Certificate of	Death	R	eg. No.	0,	0 4 0 5	
			1. Decedent's Name (First, Middle,	Last)				2. Dete of Deet	th		Time of Deeth	
	Physic		Patricia	Agnes	Davi	ington		January	Dey 29	Yeer 1998 23	30	
	/Medi Examiı		4e. Fecility Neme (If not institution,	give street end numbe			4b. City, Town, or Lo		-			
4	Examili	ilei	SHADY GRO			OSPITAL.	ROCKVI	LLE		TGOME	QV.	
\vdash					ge (In yrs. lest			8 Date of Birth			(Stete or Foreig	
L	Funeral Director		214–60–0903 Usual Residence of Decedent		57	Yrs. Months Deys		Nov.10,1	930 930	Wash. D.		
	ehow ed et		10e. Stete 10b. County		10c. City, To	own or Location				10d. ir	nside City Limits	
	Man 1	to	Md. Freder	ick		Middletown				1	☐ Yes 2 No	
	the 128	ě	10e. Street and Number			10f. Zip Code		1	0g. Citizen of \	Whet Country?		
	ath with	Funeral Director	4496 Pinewood Trai			2	1769		U.S.A.			
21215-0020	n 72 hours after death with the Maryland "naturel", or Items 23a or 28s-f show adost Examinat must be notified at	by	11. Meritel Stetus 1 ☐ Never Married 2 ☑ Marrie 3 ☐ Widowed 4 ☐ Divorcad	12. Wes Deceden Armed Forces od 1 Yes 2 Filt Yes, Give Yeer or Detes	? ≹No	13. Was Decedent of If Yes, specify Cui		ecify Yes or No- Rican, etc.)	Blee	a - American Inck, White, etc. White	dien,	
2-0	gas 1 and 2 should be filed within 72 ho ti of Haeith and Mental Hygiena. If item 27 is marked other than "natur or other traumatic event, the Medical	Completed	15. Decedent's	Education	16	Se. Decedent's Usuel Occu	upation	ina	16b. Kind of B	usiness/Industry	/	
21	The state of	ple	(Specify only highest Elementary/Secondery (0-12)	College (1-4o	(5+)	(Give kind of work done life. DO NOT use retin	ed)					
	filed within Hygiena. ther than "	TO.	12			ecutive admini	strator		county	gov't.		
Maryland	should be filed nd Mental Hygi marked other imatic event, I	Be	17. Fether's Neme (First, Middle, L				18. Mother's Nam	Name (First, Middle, Meiden Surneme)				
<u>a</u>	ked o	ToE	Michael A.	Morran			Catheri	therine Doyle				
ary	2 should be filed withing and Mental Hygiena. • marked other than aumatic event, the M		19e. Informent's Neme/Relationsh	ip (Type, Print)	1	9b. Mailing Address (Stree	at end Number or Rur	al Route Number	Route Number, City or Town, Stete, Zip Coo			
	and 2		Charles E. Darlingt	on (Husband)		4496 Pinewood!	Trail Middl	etown md.	21769			
altimore,	f Haaith item 27 other tr		20a. Method of Disposition	,	20b. Pleca	of Disposition (Name of				City or Town, S	Stete	
ē	Pagas nant of I nt: If its iry or o		1 X Burial 2 ☐ Cremetion		θ	tery, cremetory or other pl						
븚	than tant		4 Donation 5 Other (Sp	• •	Luther	can Cemetery		2/2	Middleto	wn, Mil.		
Bal	permit. Pagas Department of Important: If if any injury or once.		21. Signature of Funeral Servica L	censee		Donald B. 1	Thompson Fun St., Middle	eral Home	Home			
			23a. Part1. Enter the disease, or shock, or heert failure. List of	or plications that cause	ed the deeth. D	o not enter the mode of dy	ring, such es cardiec	or respiretory err	21769 est,	Арр	roximete rvel Between	
	Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	a CARIDA	o Ruy	^	RREST			Ons	et end Deeth	
	outed od ansit	Examiner	Sequentially list conditions	. Brain	Due to (or es	em mauhm or es e consequence of):					rheavs	
68760,	cartificata be axiscuted nding physician and usa as the burial-transit		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events	. Cereb	rul Va	scular He	rembosi	1		48	hours	
28	phy:	Pa	resulting in deeth) Lest	A		e consequence of):				1		
×	n cartif	3		o Atua	uscle	noses				146	ENY25	
Bo	ette for	lar										
o	0 0 0	Physician/Medical	Part II. Other significant condition	s contributing to death	but not resulting	In the underlying cause g	given in Pert I.	23b. Did to	bacco use co	ntribute to the	cause of death	
۵.	gned gned be de	by Ph	Crown's	discorp				1 🗆 Y	es 2 No	3 Probably	Unknov	
Records,	aw 2 s	Completed	Apdominal	wall of	ASCGS	5.		24a. Was e perfor		evellable	utopsy findings e prior to tion of cause 1?	
<u> </u>	a - 0	NO.	Intela i	Amo				1 🗆 Y	es 2 No	1 ☐ Yes	2 No	
	cartificata rector, pag	Be (25. Wes case referred to medical	1			26. Plece of Deet	h (Check only on	ie)			
>	Physician: this cartific ral director,	70	examiner?	Hospital: 1 Inpat	tient 2 ER/	Outpatient 3 DOA	ther: 4 Nursing Ho	ome 5 Reside	enca 8 🗆 Oth	er (Specify)		
on of	Ing Vifta		27. Manner of Death 12 Netural 5 Pending 2 Accident investigs	28a. Date of In (Month, D	jury 28t		ury et ork?	28d. Describe ho	ow Injury occur	red		
DivIsion	is or Attending after death. I Director: After d in by the fune	Certification:	3 Suicide 6 Could no determin	ot be 28e. Plece of Ir	njury - At home, etc. (Specify)	ferm, street, fectory, office	Э	28f. Location (St City or Town	treet end Numt n, Stete)	per or Rural Rou	ite Number,	
	To the Hospital or A vithin 24 hours after To the Funeral Dire completely filled in b	edical C	29a. Certifier CertifyIng (Check only one)	Physicisn: To the bes kaminer: On the basis end menner s	of examination	ige, deeth occurred et the tendor investigation, in my	time, date end plece, opinion, deeth occur	end due to the cared et the time, d	ause(s) end me ate end place,	enner as stated.	ceuse(s)	
	of the period	Me	29b. Signature end tite of certifie			29c. Licer	nse number	2	9d. Date signe	d (Month, Dey,	Yeer)	
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			30 Name and address of person w	ho completed ceuse of	deeth (Item 23e	e) (Type, Print)		1.0		(
			10407.0.000	camb 1	1125 R	Rockville &	rike Ki	xkulle	nD =	Cot 12.		
	Sta	ite	T. Dete filed (Month, Dey, Year)		trer's Signature		1.10		- 1			



4c. County of Deeth

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State of Maryland	Department of Health a	nd Mental Hygiene	98	15410
	Certificate of Death	Reg. No.		
Ε.	FULLER	2. Dete of Deeth Month Dey Sr. FEBRUARY 7	Yeer 1998	3. Time of Deet 14:25

4b. Cify, Town, or Location of Deeth

Physician /Medical Examiner 1. Decedent's Neme (First, Middle, Last)

4e. Fecility Neme (If not institution, give street end number)

GEORGE

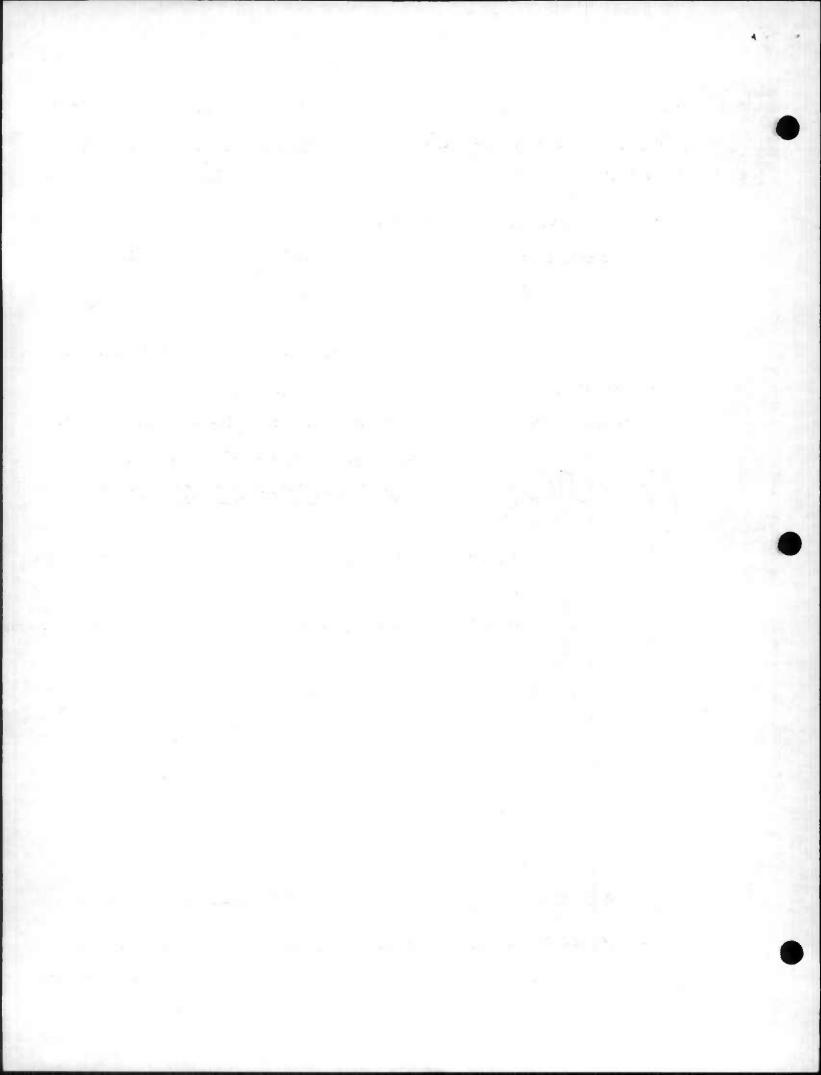
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	Funeral Director		5. Social Security N 197–26–98	1	ex □XM 2□ F	ge (In yrs. last t 63	hinthday) If U	nder 1 Year the Deys	If Under 24 Hrs Hours Min		th ey, <i>Year)</i> 1934	9. Birthp Cour	olece (Stete	or Foreign PA
7	,		Usual Residence of	Decedent										
2	how #		10e. Stete	10b. County		10c. City, To	wn or Location					1	Od. Inside C	City Limits
∑ 8	- 4	Funeral Director	PA	Fra	nklin	Char	mbersbu	rg					1 🗆 Yes	s 2 No
the state of	7 28	ie	10e. Street end Nur	mber			10	. Zip Code			10g. Citizen of	Whet Cour	ntry?	
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9	= 3	Jer	11. Maritel Status		12. Was Deceden		13. Was D	ecedent of H	ispenic Origin? (S en, Mexican, Puer	Specify Yes or N	o- 14. Ra	ce - Americ		
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yland 21215-0020	ital Hygiana. Id other than "naturel", or Itema 23a or 28a-f show event, the Medical Examinet must be notified at	Completed	/Snec	15. Decadent's Ed		16	a. Decedent's	Usual Occup	eation during most of wa	ntina	16b. Kind of	Business/In	dustry	
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Maryland	oth w	Be (17. Fether's Neme	(First, Middle, Last)					18. Mother's Na	me (First, Middle	e, Meiden Sume	me)		
aryla should b	nd Mental marked umatic ev	2	Stanle	y Fuller					Grac	ie Gray				
and of s	th and Mer 7 Is marke traumatic	ľ	19e. Informent's Ne	eme/Relationship	Type, Print)	19	9b. Melling Add	dress (Street	end Number or R	lu <i>ral Route N</i> umi	ber, City or Tow	n, Stete, Zip	Code)	
	W 7		Mrs. De	lores D.	Fuller (Wife)	1188 E	Boyer 1	Mill Road	d Chamb	ersburg	, PA	1720	1
e :	of Haalt Itam 2 r other		20e. Method of Disp			20b. Place	of Disposition tery, cremetory	(Neme of	ne)	Date	20c. Location	- City or To	own, Stete	-
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	ortar Inju			Parklawns Memorial Garden 2 Char 2 C										
n a	permit. Pagas Department of Important: If it any Injury or o		1 feel	sburg	, PA	1720								
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Recol	paga 2	Complete								4.5	Yes 2 No		∃Yes 25	G Ma
<u> </u>	cartificata rector, pa		25. Wes case refer	rod to modical									J 165 ZE	1140
of Vital Recor	cartific irector,	o Be	exeminer?		Hospitel:			Ott		eath (Check only				
O A	this ral dir	. To	1 ☐ Yes 2 ☑ 27. Manner of Deatl		1 kg Inpai	ient 2 ER/0	Outpatient 3L Time of	J DOA	ner: 4 ☐ Nursing I		how Injury occi		(y)	
VISION	Aftar fune	tion	1 🔀 Neturel	5 Pending investigation	28e. Date of In (Month, D	ey Year)	Injury	28c. Inju	k? Yes 2 □ No	200. 000.100	The wingery cook	,,,,,		
is in	daati tor:	ical	2 ☐ Accident 3 ☐ Suicide	6 Could not be	7	njury - At home,			100 E 110	28f Location	(Street and Nun	her or Bur	al Route Nur	m <i>her</i>
Division of Vital	s after death. Al Director: After t ed in by the funere	Certification:	4 Homicide	determined	building, e	tc. (Specify)	iaiii, street, ia	ctory, office		City or To	wn, Stete)	1501 01 1101	3/1/0dt0 / tdi	11001,
e Hospi	within 24 hours after d To the Funeral Direct complately filled in by	edicai	29a. Certifier (Check only one)	1⊠ Certifying Phy 2☐ Medical Exam	vstcian: To the besi liner: On the basis end menner s	of examinetion e	ge, deeth occu and/or Investiga	rred et the til ation, in my o	ne, date end plec pinion, deeth occ	e, end due to the urred et the time	e cause(s) end r , dete end place	nenner es s e, end due t	teted. the ceuse	(s)
To th	To the	Ž	29b. Signature end		,			29c. Licens			29d. Dete sign	ed (Month,	Dey, Year)	
			Man	d Solut	in.o. I	intern M	edicine	RE	5-000		FEBRUARY	7	1988	
			30. Neme end eddre	ess of person who	completed cause of	deeth (Item 23a	(Type, Print)							
			Dr. MAJ	10 FOTU	HI, towe	R 110, 3	JO HMS	HOPK	INS HOST	PITAL, B	ALTION	RE, N	ARYL.	AND

32. Registrar's Signeture

Tobia Davidson-Randall

FEB 0 9 1998

State

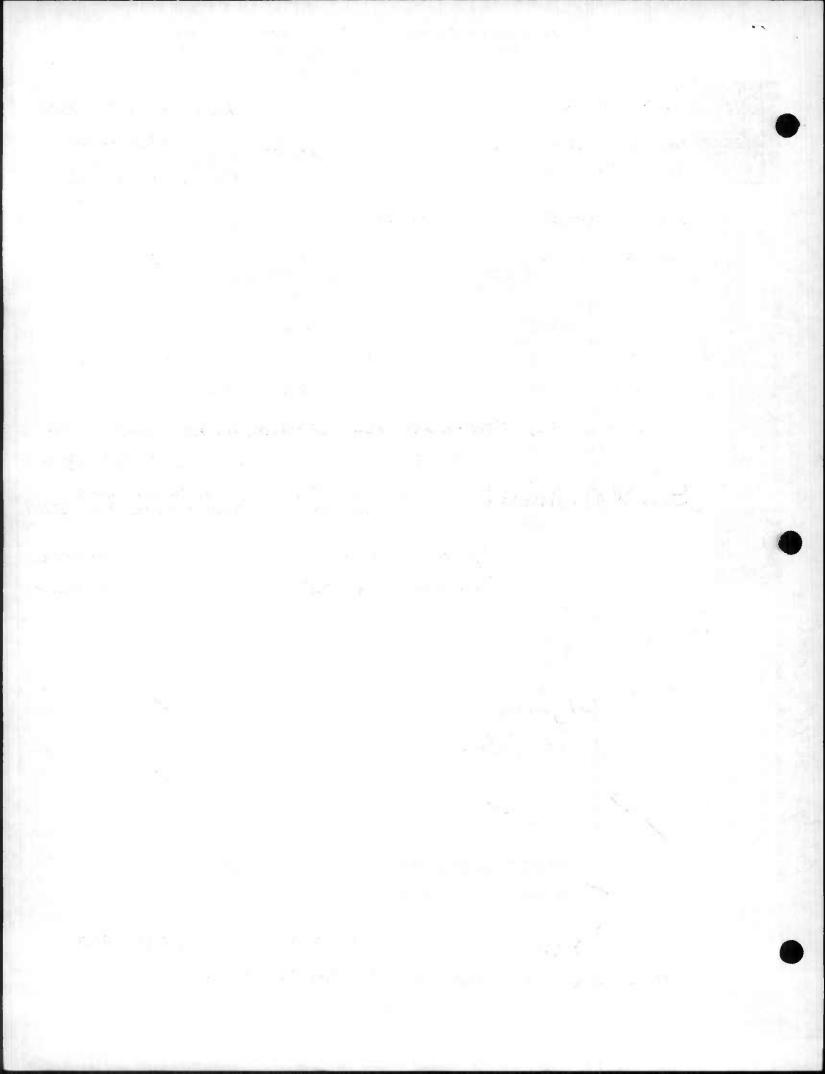


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Gladys Estelle FEBRUARY 0500 /Medical 4e. Fecility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner WASHINGTON Washington County Hospital
5. Social Sacurity Number 6. Sax 7. Hagerstown
If Under 1 Year If Under 24 Hrs. 8.
Months Deys Hours Min. 7. Aga (In yrs. lest birthday) 8. Date of Birth (Month, Dev. Yeer) Birthpleca (State or Foreign Country) Funeral 1□M 2 F Deys 577-16-9536 87 Director Yrs July 13, 1910 Virginia Usuel Residence of Decedent 10e State 10h County 10c. City, Town or Location "natural", or itams 23a or 28a-f show 10d. Inside City Limits Baltimore Director Baltimore Maryland 1 Yas 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 3312 Paine Street Completed by Funeral 21214 USA 12. Was Decedant Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Bieck White etc. filed within 72 hours after 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 ☑ No If Yes, Giva Yaar or Detes: 21215-0020 1 ☐ Yas 2 ➡ No Specify: Specify: White 3 ₩ Widowed 4 Divorced The Medical 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry vend Mental Hygiena. Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Home Baltimore, Maryland 17. Fethar's Nama (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Pages 1 end 2 should be 1 nent of Health end Mental William Brown Nora Vess 19a. Informent's Neme/Relationship (Type, Print) 19b. Melling Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) nt of Health e 11210 Lakeview Drive Daughter Hagerstown, Maryland 21740
Dete | 20c. Location - City or Town, Stete Shirley D. Kirby 20e. Mathod of Disposition 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) permit. Page Department of Important: If any injury or Rest Haven Cemetery 2/6/98 Hagerstown, Maryland 21. Signeture of Funerei Service Licensee 22. Name end Address of Fecility Gerald N. Minnich 305 N. Potomac Street wruch Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, with a caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, with a cause on each line. Intervel Between Onset and Deeth Physician /Medical Immediate Cause (Final disease or condition resulting in death) one week Examiner unknow Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initieted avents resulting in death) Last Physician/Medical Due to (or as a consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Dehydratin 1 Yes 2 No 3 Probably 4 Unknown þ page 2 should the Renal facture Be Completed 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to complation of cause of deeth? 1 Yes 2 No this certificate 1 ☐ Yes 2 ☐ No Hospital or Attanding Physician: 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menne of Deeth 28e. Deta of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Tima of 28d. Describe how injury occurred After 5 Pending investigation 1/ Naturei 1 Yes 2 No 2 Accident after deeth Diractor: 6 Could not be determined 3 Suicida 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Steta) 4 - Homicide within 24 hours a
To the Funeral D
completely filled Medical 29e. Certifier 1 Certifying Phyelclan: To the best of my knowledge, deeth occurred et the time, dete and place, end due to the cause(s) and menner as steted. Definition in the best of my knowledge, death occurred at the time, determined to the course, and the interest of the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) \$ 29b. Signeture end title dicertifier 29d. Data signed (Month, Dey, Year) 29c. License number D44996 Feb 4, 1997 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

ZAFAR MALIK 2031 LAPPANS LO BOWNERO MO 217/3

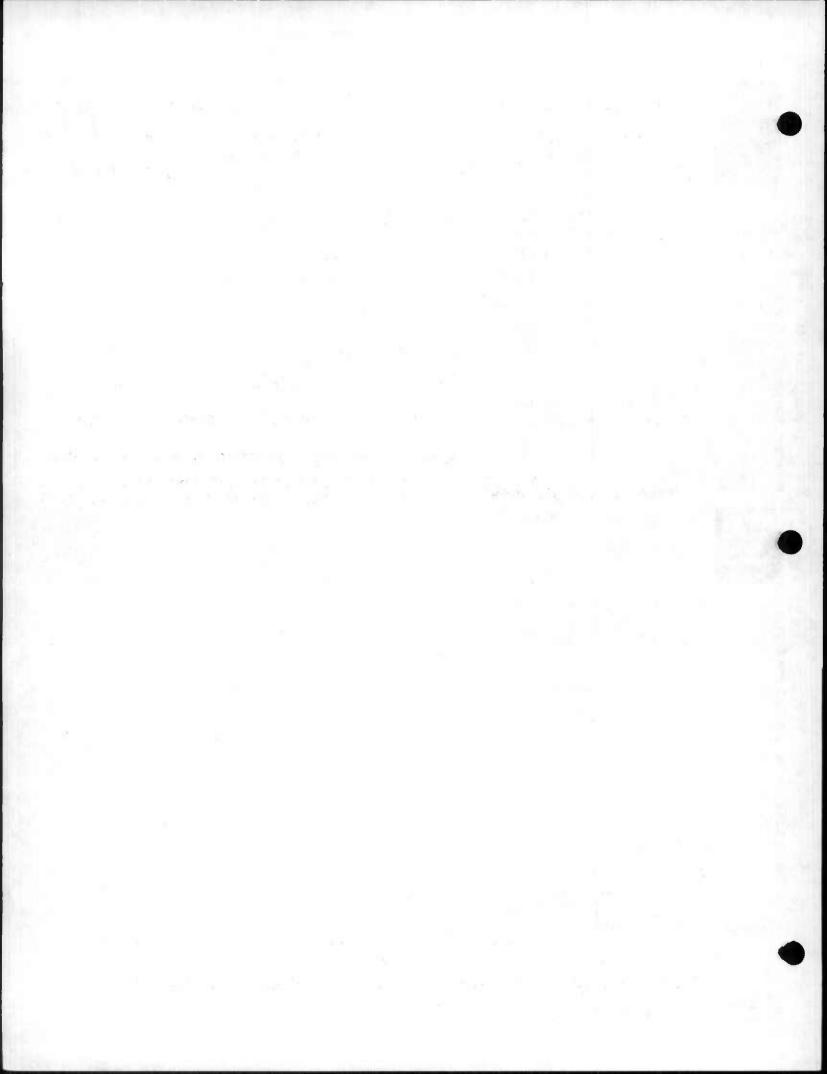
State Registrar 31. Dete filed (Month, Day, Yeer) FEB 06 1998

32. Registrar's Signature

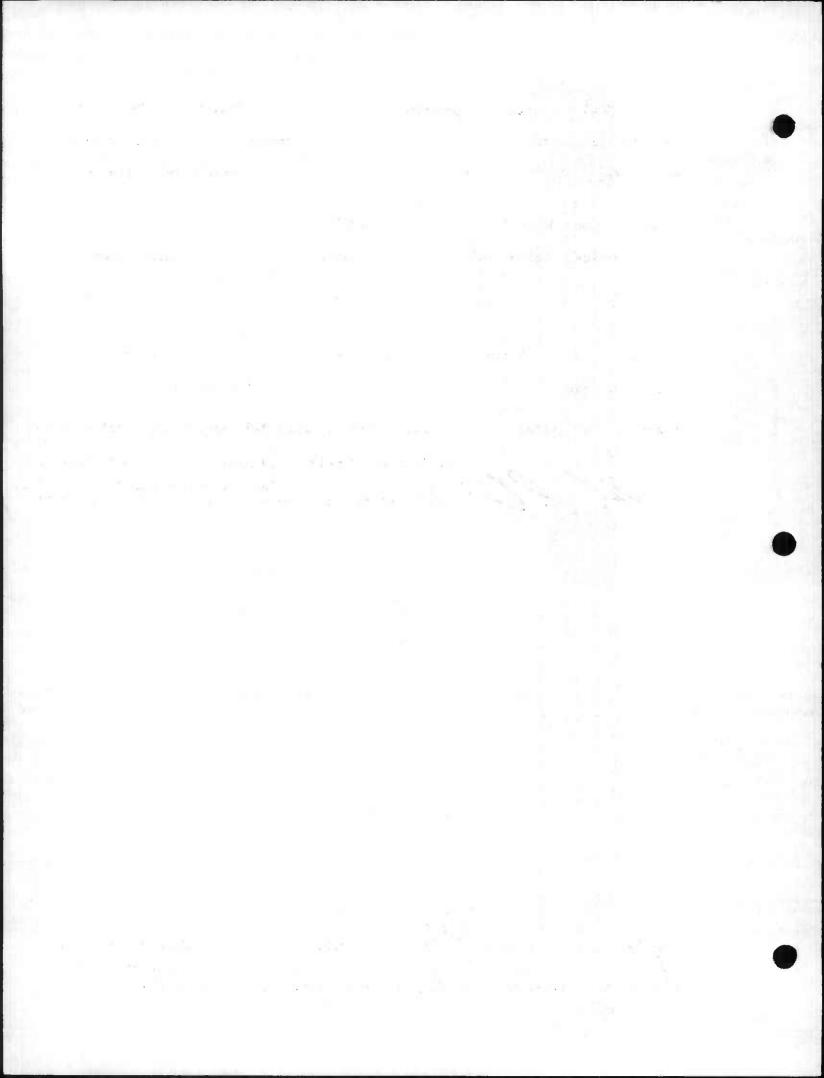


State of Maryland / Department of Health and Mental Hygiene 98 054 2

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		1. Decedent's Name (First, Middle, La	ist)				2. Dete of I		3. Time of Death				
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Examin	er	4a. Facility Name (If not institution, give					n, or Location of Dea	ath 4c. County					
		Reeder's Memo			W. 1	Boons			hington				
Funeral Director			6ex 7. Age (In yr. 1□ M 2X□ F 70	s. lest birthday) Yrs.	If Under 1 Yaar Months Days	If Under 24 Hours	Min. 8. Date of 8 (Month, I	Sirth Year) Er 27,192	9. Birthplace (State or Foreig Country) 27 Pennsylvan:				
No to		10a. State 10b. County	10c. C	City, Town or Loc	ation				10d, Inside City Limits				
Hygiene. ther than "natural", or items 23a or 28a-1 show bnt, the Medical Exarches must be notified at	Funeral Director	Maryland Washi	ngton	Clear S					1 ☐ Yas 2 💢 No				
0.8	ă	10e. Street and Number	D = = 4		10f. Zip Code	. 0		10g. Citizen of	and the same				
ns 23	eral	13330 Big Pool	12. Was Decedant Ever in	11.6 12.14	2172		0.00	U.S					
al', or items Example m	þ	1 Nevar Married 2 X Married 3 Widowed 4 Divorcad	Armed Forces? 1 Yas 2 N No If Yes, Give Year or Dates:	lf '	Yes, specify Cub	an, Mexican, I	n? (Specify Yas or N Puerto Ricen, etc.)	Bla Specifi	ck, White, etc. White				
natural', ledical Ex	Be Completed	15. Decadent's E (Specify only highest gra	ducation ade completed)	16a. Decede	ent's Usuel Occup ind of work done O NOT use retire	oation during most o	f working	16b. Kind of B	usiness/Industry				
Hyglene. other than	mo	Elementary/Secondary (0-12)	College (1-4or 5+)		nemaker	-		Own	Home				
d other	CO	17. Father's Nama (First, Middle, Last,)	11011	ioma koz		Name (First, Midd						
	0	John	E-1	Stover			ara		Rowe				
and Men s marks	-	19a. fnforment's Name/Relationship (Type, Print)	19b. Mailing	Address (Street	and Number	or Rurel Route Num	ber, City or Town,	State, Zip Code)				
# 27 a		James V. Ferme	S	13330	Big Poo	ol Road	, Clear S	Spring, M	ld. 21722				
ent of Hee t: if Item y or othe		20a. Method of Disposition 1 X Burial 2 □ Cremation 3 □ 4 □ Donetlon 5 □ Other (Specif	Themoval Holli State	Place of Disposi			Dete		City or Town, State				
Department of Important: If It any Injury or once.				Rose Hill			02-02-98		own, Maryland				
Departr Importa any Inji		21. Signature of Funeral Service Licensae Andrew K. Coffman Funeral Home, Inc. 40 East Antietam Street, Hagerstown, Md.											
nysician Medical kaminer		23a. Part1. Enter the disease, or com shock, or heart feilure. List only Immediate Cause (Final disease or condition resulting In death)	one cause on each line.	ath. Do not enter			rdiac or respiretory	errest,	Approximate Interval Between Onsat and Death				
- 20	70	Toolaning in doucity	Due to	(or as a consequ	ence of):				1				
insit	Examiner		D	tenone	ame	m m							
he bu		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury thet Initiated events resulting in deeth) Lest	C	or as a conseque									
nding p	n/Medical	L	d										
he etter	Physician	Part II. Other algniffcant conditions of	ontributing to death but not re	sulting in the und	lerlying cause giv	ven in Part I.	23b. Dio	i tobacco use co	ntribute to the cause of death				
igned by the ette be detached for	y Phy	sint mell	-	obtin			1□	Yes 2□No	3 ☐ Probably 4 ☑ Unknow				
	eted by	Pulmony I	airian				24a. Wa	s an autopsy formed?	24b. Were eutopsy findings available prior to complation of causa of deeth?				
should should	효												
should should	Compi						1□	Yes 2 No	1 ☐ Yes 2 ☐ No				
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ate hes been s pege 2 should		25. Wes case referred to medical exeminer? 1 □ Yes 2 ❷No	Hospitel: 1 ☐ Inpatient 2 ☐] ER/Outpatient	3□ DOA Oth	or:		one)					
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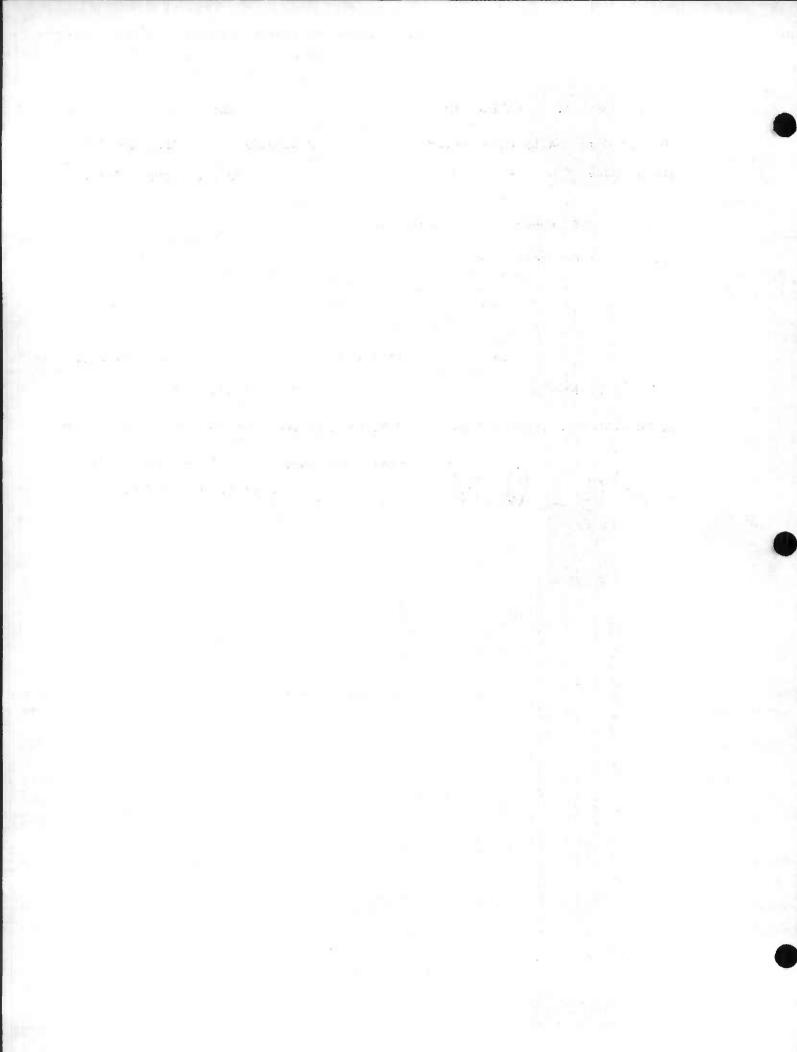
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	ns 23	eral	700 Americana I	Drive #45		3. Wes Dacedent o		Specify Ves or No-		e - Americ		
Maryland 21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hyglene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show say figury or other traumatic event, the Medical Examinar must be notified at OBSE.	by Funeral	1 □ Nevar Marriad ②□XMarried 3 □ Widowed 4 □ Divorced	Armed Forcas? 1 ☐ Yes 2 X X If Yas, Giva Yaar or Datas:		if Yes, specify Cu	iben, Maxican, Puar	to Rican, atc.)	Biad	ck, White, o	atc.	
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Baltimore,	permit. Departmirmportal		21. Signature of Funday Sepule License	_	. 1	22. Neme end Add	ress of Fecility Jo	hn M. Tay	lor Fu	neral	Home, Inc	
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	- S - O	d	muich)	1:1	Tex	D2	1438		Januar	y 29,	1998	
			30. Nama and addrass of person who-	ompleted causa of d	eath (item 23a) (Ty	pe, Print)			(410-2	24-00	70)	
			Michael J. LaPent				Annapoli	s, Maryla	-			
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State of Maryland / Department of Health and Mental Hygiene 9 8 05 1, 11,

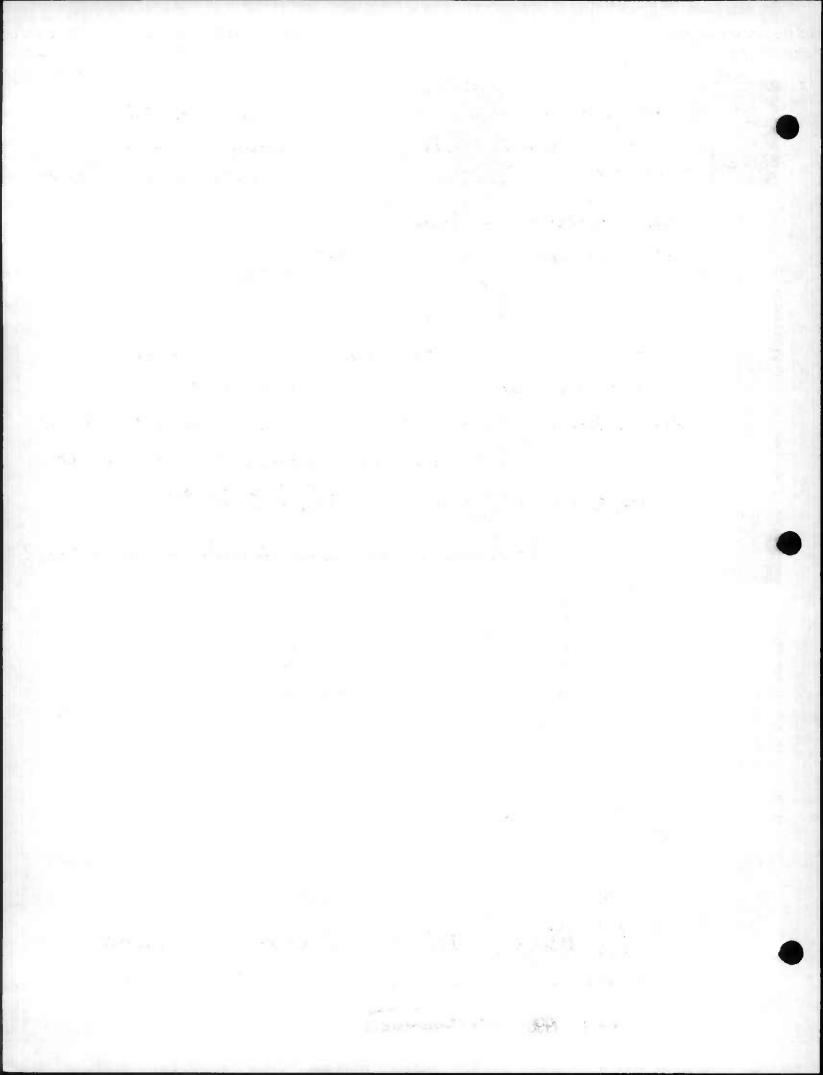
						Certificate o	f Death	Re	eg. No.		0414		
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ţ	tant dury				Ft. I	Lincoln Cre		2-1-98 B	Brentwo	od, M	ld.		
Baltimore,	permit. Pages 1 an Department of Heel Important: if Item 2 any Injury or other pages.		21. Signeture of Funaral Service Lice	ensee ()	1)	22. Neme end Add	dress of Facility	nn M. Tay	lor F	н т	inc		
_	20 = e 0		Sua. Sua	- Vouel	1	147 Duke	of Glouces	ster St.	Annan				
-			23a. Part1. Entar tha disaasa, or con shock, or heert feilura. List oni	nplicetions that caused	tha daath. Do	nof antar tha moda of o	tylng, such as cardia	c or raspiratory arre	esf,	1	Approximata Interval Batween		
a	Physician									1	Onset and Deeth		
4	/Medical		Immadiata Causa (Final diseasa or condition	a Ren-	16.6	مر					3-4nech		
и	Examiner		rasulting in daath)	a. / () / 2	Dua to (or as a	consequence of):				1	,		
-	n #	ner					1 line			1	3-4hack		
	death certificete be executed e attending physician and of for use es the burial-transit	Examiner	Sequentially list conditions.	b.L J FOR	Dua to (or as a	consequence of:	101111						
o,	an an	EX	Sequantially list conditions, if any, laading to immediata cause. Entar Underlying Cause (Disaase or Injury	(6) Car	- Lon.	- 11/200	+262.			10	3-4 necks		
68760,	te by sici	Medical	triat initiated avants	d	Dua to (or as e	consequence of):	(1)/ 1/11/						
	g ph es t	P	rasulting in death) Last		(i			
Вох		2		d						/ i			
m	d for	Icla	Part II. Other significant conditions	contributing to dooth by	ne see see see se	in the underlying course	siven in Best I	22h Did to	hanna k	ontelleute 1	the cause of death?		
0.0	the che	Physician/	rantii. Other significant conditions	contributing to death bu	it not rasulting	in tha underlying causa	given in Part I.						
								1 Y	es 2☑No	3 Proi	bably 4 Unknown		
Vital Records,	8 5 8	d by						24a. Was a	n autonev	24b. W	ara autopsy findings		
00		Completed						perform	med?	CO	elleble prior to impletion of cause		
360	W 00 CA	du							/	of	death?		
E F	T age	S						1 □ Ye	es 2 No	1 [☐Yas 2☐ No		
/ita	Physician: The this certificate ral director, par	Be	25. Was case referred to medical axaminar?					eth (Check only on	e)				
1	E 10 TO	2	1 ☐ Yas 2 ☐ No	Hospitai: 1 Inpatia		utpatient 3□ DOA	Othar: 4 Nursing H	loma 5 ☐ Rasida	ance 6 🗆 Ot	har (Specif	y)		
Division of	ng P	ü	27. Manner of Death 1 ☑Natural 5 ☐ Panding	28a. Data of Injur (Month, Day	Year) 28b.	Tima of 28c. In Injury V	jury at vork?	28d. Dascribe ho	w Injury occu	irred			
0	Attending if death.	Certification:	2 ☐ Accidant Invastigeti				☐ Yas 2☐ No						
5	er de	tiff	3 ☐ Suicide 6 ☐ Could not datarmine		ry - At homa, f	arm, street, factory, offic	> 0	28f. Location (St City or Town		ber or Rura	Il Route Number,		
	s aft so and so	Cer			. (0,000.,7)				,,				
	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	1	29e. Certifiar 12 Certifying P	hysician: To the best of	f my knowledg	a, daath occurred of tha	tima, data end place	, end dua to the ce	euse(s) end m	nenner as s	tatad.		
	n 24 n 24 ne Ft	edical	one) 2 Medical Exa	miner: On the basis of and menner ste	axamination ar ted.	nd/or invastigetion, in m	y opinion, daath occu	irred at tha tima, di	ata and place	, and dua to	tha cause(s)		
	Withi To th	ž	29b. Signeture and titla of certifier	1		29c. Lice	ense number	2	9d. Date sign	ed (Month,	Day, Year)		
			111, hA	Ken		$ \mathcal{D} $	505-61		160.0	2,	1990		
			30. Nama and address of person who	completed cause of de	eth (Itam 22a)	(Type Print)				7 00	, 1990 Annapolis		
			Robert Pie	COMPINED CAUSE OF O	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	NO Poch	ante à	3000	1.1-	サンか	ρω		
	Cto	10	31. Dete filed (Month, Day, Year)	32. Pinoistra	r's Signatura	ou hear	Davie 1	July C	JULTE	. 00	4 minapois		
	Sta Registr	- 10		198 Julia	Davidson-	- Randell							
	3		· V · 3 II			7							

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					Cer	tificate	of Death	F	Reg. No.	03413			
	Dimetel	H	1. Decedant's Name (First, Middla, Last)					2. Date of Dee Month		3. Tima of Death			
	Physici /Medic		Lucille Carrie	Foster									
	Examir		4a. Facility Name (If not institution, give s				4b. City, Town, or L	ocation of Death					
			Frederick Mem 5. Social Security Number 6: Sex	norial Hosp	ital		Freder	ick	Free	denick 9. Birthplaca (Stata or Foraign County) Manyland			
	Funeral				. last birthday) _ Yrs.	If Under 1 Months I	Yaar If Undar 24 Hrs. Days Hours Min.	8. Date of Birtl (Month, Day	(, Year)	Birthplaca (Stata or Foraign Country)			
	Director		2/7-/2-247/ Usuai Rasidenca of Decedant	M 2LXF 8/	115.			sept. 1	16, 19	16 Manyland			
	land ow		10a. Stata 10b. County	10c. C	ity, Town or Loc	ation			10d. Insida City				
	Mary	to	Md. Frederi	ch Bn	unswi	6				1 X Yas 2 □ No			
	r 28s	<u>s</u>	10e. Street and Number			10f. Zip C	oda	· · · · · · · · · · · · · · · · · · ·	10g. Citizen of V	Vhat Country?			
	th wit	ai D	107 - 4th Aven	ue		2	1716		U.	SA			
	dea	Funeral Director	11. Maritai Stetus	2. Was Dacedant Evar in U Armed Forces?	J,S. 13. W		nt of Hispanic Origin? (Sp. Cuben, Maxican, Puart	pacify Yes or No-	14. Raci	e - Amarican Indien, k, Whita, atc.			
20	within 72 hours after death with the Maryland ena . than "natural", or items 23a or 28a-f show ha Majisal Exeminer mast be notified at		1 Nevar Married 2 Married	1 ☐ Yas 2 ☐ No If Yas, Giva		☐ Yas 2[o i ilidan, ato.)	Specify				
21215-0020	ural',	d by	3 Widowed 4 □ Divorced	Year or Detes:			**		1 12	White			
15	be filed within 72 hatel Hygiena. d other than "naturevent, or Maylea	Completed	15. Decedent's Educ (Specify only highast grade	ation complated)	16e. Decede	ent's Usual (kind of work of ONOT usa	dona during most of work	king	16b. Kind of Bu	islnass/industry			
212	withir ena. then	dmc	Elementery/Secondery (0-12)	Coilege (1-4or 5+)	Custo		· ·		Sahaa	l System			
	e filed other vent, p	Be C	17. Fether's Nama (First, Middla, Last)		Cuzco	ou cure	18. Mothar's Nam						
lar	should be nd Mentel marked c	To B	Hanny Wilson H	awes			Mamie	Etta 9	rice				
Maryland	and N ls ma		19a. Informant's Name/Ralationship (Typ	oe, Print)	19b. Mailing	g Addrass (S	Street and Number or Ru	ral Routa Numbe	r, City or Town,	Stete, Zip Coda)			
	and 2 aalth 127		Kaye F. Conner,	Daughten	15 W	lest	"I" Stree	t - Bru	inswic	k, MD 21716 City or Town, Stata			
ore	of Hag of Hag of other		20a. Mathod of Disposition 1 ☐ Buriai 2 ☐ Cramation 3 ☐ Ra	20b.	Place of Dispos cematary, cram	ition (Nama atory or othe	of ar place)	Date	20c. Location -	City or Town, Stata			
Ë	Peges ment of I		4 □ Donation 5 □ Other (Specify)	H	agenst	Lown	Crematory	2/2/98	Hagen	stown, MD			
Baltimore,	permit. Peges 1 and 2 should Department of Haaith and Men Important: if Item 27 is marke any injury or other treumatic once.		21. Signature of Funaral Sarvice License	e ; / · / / .	22.	Nama end	Addrass of Facility	Г	, ,,				
_	00 F 4 0		Bayara A	- Willia	ne 8	Bruns	wick. Mi	MA FUNE 21716	eral Ho	ome			
			23a. Pert1. Enter the disease, or complice shock, or heart failure. List only one	cations that caused tha daa a cause on each lina.	th. Do not anta	r tha moda o	of dylng, such as cardiec	or respiretory ar	rest,	Approximata Intervel Batween			
	Physician /Medical			B 1									
ſ	Examiner		immedleta Causa (Final disaasa or condition rasulting in daath) e.	Donelogo	me C	are	nonel, me	elastatic	10 m	ine 3-6 MOS?			
		ē		Dua t	or as e consequ	uance of):	,		•				
	d ansit	Examiner	Sequentially list conditions b.	Due to (or as a consequ	ience of):				I			
ó	tificata be axecuted g physician and es the buriel-transit	Exa	Sequantially list conditions, if eny, laading to immadiate cause. Enter Undartying Causa (Disaasa or Injury c.		or as a correct	JC1100 01).							
68760,	ata be nysici	edical	Causa (Disaasa or Injury c. that initiated avants rasulting in deeth) Lest	Due to (or as e consequ	ence of):							
	\$ 00 00 E	~											
Bo	ath ce	lan	d.										
P.O. Box	the a	Physician/	Part il. Other algnificant conditions conti	ributing to death but not re-	sulting In tha un-	darlying cau	sa givan in Part I.	23b. Did to	obacco use cor	ntribute to the cause of death?			
	es thet the death cer igned by the attandir be datached for use							101	/es 2□ No	3 Probably 4 Unknown			
Records,	The law requires thet the death cer are has been signed by the attandir page 2 should be datached for use	d by						24e. Wes 8	an eutopsv	24b. Wara autopsy findings			
00	w require been si should	Completed							med?	availabla prior to complation of cause of death?			
Re	he law e has ege 2	m C						1 D Y	a abla	1 ☐ Yas 2 ☐ No			
ta			25. Was case refarred to medical				26 Plans of Das	th (Check only or	^	T Tas 2 No			
>	nysician: The la his certificate hat I director, pege 2	To Be	exeminer?	ospitei: Inpatiant 2	ER/Outpetient	3□ DOA	Other:	oma 5□ Rasid		ar (Specify)			
0	Attending Physician: or death. ector: After this certific by the funeral director.		27. Mannar of Death	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury		: Injury at Work?	28d. Dascribe h					
Sior	ath. or: Aft he fur	atlo	2 Accident 5 Panding invastigation	(World, Day You)	anjury	М	1 ☐ Yes 2 ☐ No						
Division of Vital	or Attending I after death. Director: After I in by the funer	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28e. Plece of Injury - At h building, atc. (Speci	oma, farm, stre	et, factory, o	office	28f. Location (S City or Tow		er or Rural Routa Number,			
Ω	urs af												
	To the Mospital or Attending Phwitin 24 hours after death. To the Funeral Director: After the completely filled in by the funeral	edicai	29a. Cartifiar Certifying Phyalic (Check only one)	clan: To the best of my knower; On the basis of axamina and mannar stated.	owledga, daath ation end/or inve	occurred at t estigation, in	tha time, dete end piece, my opinion, daath occur	, end due to the or rred et the time, o	euse(s) end ma dete end place, a	nner es stated. and dua to tha causa(s)			
	o the	Me	29b. Signetura englititia of cartifier	and mailing stated.		29c. L	icansa number		29d. Data signed	i (Month, Day, Year)			
	- s - ō		111	again /	10		D16675			198			
			30. Nema end eddrass of parson who con	ngolud cause of death (Ite	m 23a) (Type, P	(rint)							
			LIMINE A	LOHICE, M.D	. ,	3 RUA	Jrwiat	MO	217	16			
	Sta		31. Data filed (Month, Day, Year)	32. Registrar's Sign	atura	-							

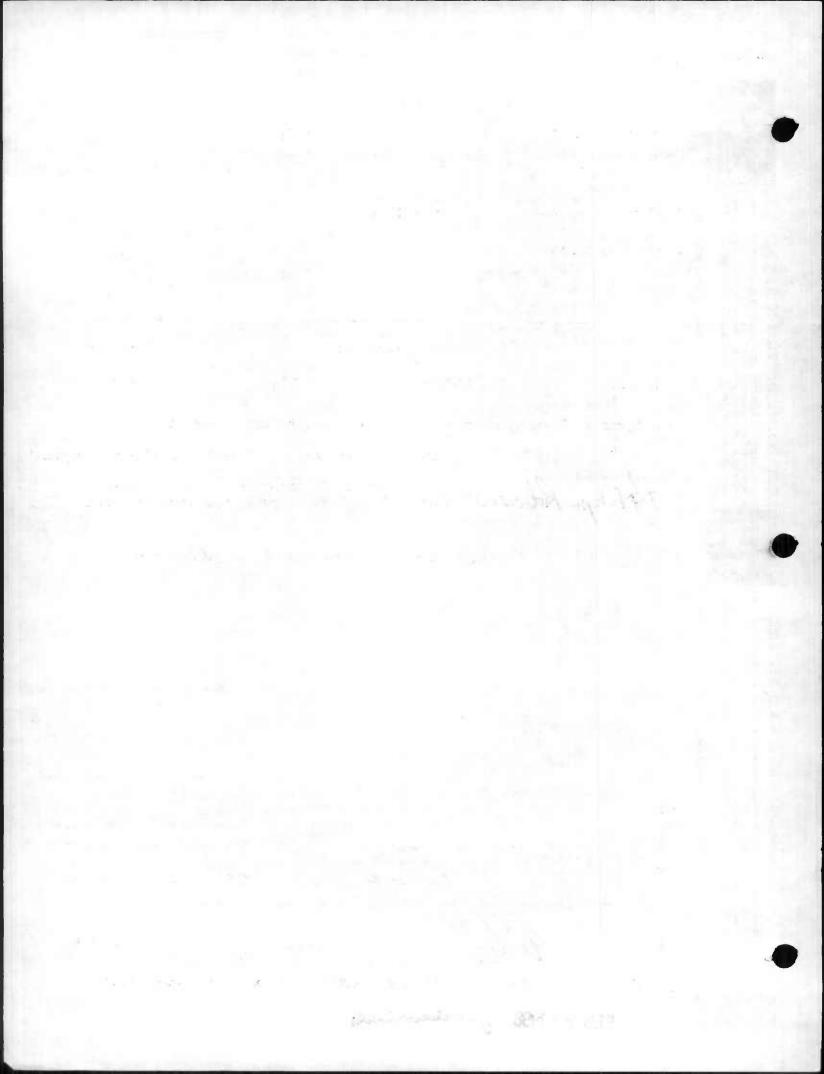


State of Maryland / Department of Health and Mental	Hygiene	051
State of Maryland / Department of Health and Mental Certificate of Death	Reg. No.	051

CATHERINE	E. FINCH	State of Maryland	Certificate of			J. No. 9 8	05416
Physician (Mardian	Larnerine	Ellen	FINCH		2. Date of Deeth Month JAN. 2	Day Y	3. Time of Death
/Medica Examine	An English Mamo III and incidention when	street and number)		4b. City, Town, or Lo ROCKVILL	cation of Death	4c. County of MONTO	Death
Funeral Director	5. Social Security Number 6. Se 5 78 - 22 - 0772	7. Age (In yrs. las	st birthday) If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Date of Birth (Month, Day,) Jan 27,	1924 Wa	Birthplace (Stata or Foraign Country) ashington DC
Marylend -f ahow	10a. State 10b. County		Town or Location ckville				10d. fnside City Limits 12 Yes 2 □ No
with the	10e. Street and Number 2987 Glenora Lane		10f. Zip Code	20850	100	g. Citizen of Wha	
should be filed within 72 hours efter death with the Manylend of Mentel Hygiene. marked other than "natural", or items 23s or 28s-f show imstic event, the Medical Examinations to notified at	11. Marital Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	13. Was Decedent of I If Yes, specify Cub		ecify Yes or No- Rican, etc.)	14. Rece -	American Indien, White, etc. White
1 Z 1 Z 1 S - O led within 72 holygiene. Not then "netural to the Medical E			16a. Decedent's Usual Occu, (Giva kind of work done lifa. DO NOT usa ratire Homemaker	pation during most of working d)	ing 16	6b. Kind of Busin	Home
aryland 212 should be filed with and Mentel Hygiene, a marked other that umatic event, that	17. Father's Name (First, Middle, Last)	LAWTON	J	18. Mother's Name Ellen	(First, Middla, Ma		UNG
Destrimore, maryland Z1Z15-00Z0 permit. Peges 1 end 2 should be filed within 72 hours elt Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or any highry or other traumatic event, the Medical Exam page.	19a. Informant's Name/Reletionship (T) Mrs. Lynda A. Say 20e. Method of Disposition 1 Burial 2 \(\tilde{\tilde	or/Daughter	19b. Mailing Address (Straa P.O. Box 1224 one of Disposition (Nema of natary, crametory or other place the burg Cremat	44, Eugene	, Oregon	97440 0c. Location - Cit	
Hitcete be executed / Medical Examiner end executed se the buriel-transit		Due to (or e	Do not enter the mode of dy	ng, such as cerdlec o	or respiratory arres	St,	Approximate Interval Between Onset and Death
at the death certified by the ettending eteched for use e	Part II. Other significant conditions con	d.	ing in the underlying ceuse gi	ven in Pert I.		4.4	bute to the cause of death?
B & S C					24a. Was an perform		24b. Were eutopsy findings available prior to completion of cause of deeth?
ystclen: The la ystclen: The la is certificate he director, pege	25. Wes case referred to medical examiner?			26. Place of Death	1 Check only ona		1 Pryes 2□ No
on of VItal ding Physician: th. After this certific, funeral director,	Y Yes 2□ No		8b. Time of Injury Wo	ry at ork?	me 5XX esiden 28d. Describe how 5Wang (20	v Injury occurred	
DIVISION O To the Hospital or Attending Ph within 24 hours effer deeth. To the Funeral Director: After th completely filled in by the funeral Madical Certification:	3 Suicide 6 Could not be 42 Homicide determined	28e. Place of Injury - At hom building, etc. (Specify)	te, farm, street, fectory, office		28f. Location (Stre City or Town,	eat end Number	or Rural Route Number,
To the Hospital within 24 hours of To the Funeral I completely filled Madical Completely	29a. Certifier 1 Certifying Phy. (Check only one) 22 Medical Exami	sician: To the best of my knowledge: On the basis of examination and mapping stated.	edge, death occurred at the tin and/or investigation, in my	ime, date and place, a opinion, deeth occurr	and due to the cau ed et the time, dat	use(s) and mann te and place, end	er as stated. d due to the cause(s)
To the within To the complete	29b. Signature and title of certifier	94	29c. Licen	se number	29	d. Date signed (i	Month, Day, Year)
	30. Neme and eddress of person who co	1	3e) (Type, Print)	, Baltimo	re, Mary	land 212	201

State Registrar

111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

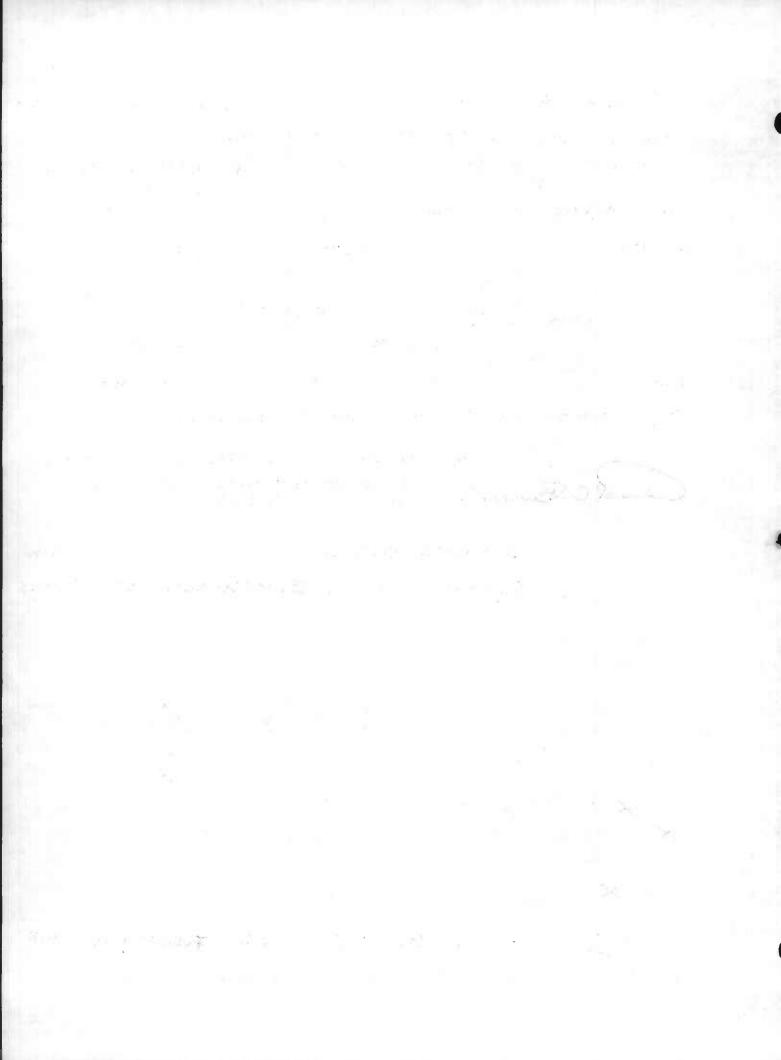


State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month Day (soshorn Joyce 6:00 AM February 1998 10 /Medical Baltimore 4c. County of Deeth 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death **Examiner** Hospital Hopkins ZANOL If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Deys Hours Min. May 19, 1942 5. Social Security Number 7. Age (In yrs. lest birthday) 9. Birthplace (Stete or Foreign Country) New Jersey **Funeral** 143-34-7399 1 □ M 2 □ F 55 Yrs Director Usual Residenca of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Marylar Department of Health and Mental Hygiene. Important: If item 22 is marked other than "natural; or items 23a or 28e-1 show any Injury or other traumatic avent, it is received. Pa. Juniata East Waterford Director Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Box 173 17021 USA Funeral Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritel Status 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes XXNo If Yes, Give Saltimore, Maryland 21215-0020 Specify: White 1 ☐ Yes 2 No Specify: ģ 3 ☐ Widowed 4 ☐ Divorced Yeer or Dates: Completed Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Auditor Dow Jones 12 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Hockenberry John Jean Sypniewski 2 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) John P. Goshorn/ husband Box 173 East Waterford, Pa. 17021 20b. Placa of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition

1 Burial 2 Cremation 3 Removel from State 20c. Location - City or Town, State Upr.Tuscarora Presby.Cem2/14 E.Waterford,Pa. 22. Name and Address of Facility Burner Trade Services 21. Sometime of Funeral Servica Licansee 1037 Dual. Hagerstown, Md. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Endocarditis 1 month Examiner Due to (or as a consequenca of) Examine Erythenatosis stemic Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760, the attending physician The law requires that the death certificate be Physician/Medical Due to (or as e consequença of) Part it. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert t. 23b. Did tobacco use contributa to the cause of death? signed by 20 No 3 Probably 4 Unknown by 24b. Were eutopsy findings eveilable prior to Completed 24e. Was an autopsy performed? completion of cause of death? hes 1 Yes 2 XNo certificate 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) P 1 Yes 2 No 1) Inpatient 2 ER/Outpatient 3 DOA After this 27. Menner of Deeth Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation To the Hospital or Attending within 24 hours effer death.
To the Funeral Director: Afte completely filled in by the fun 1 Netural 2 ☐ Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and pleca, end due to the cause(s) and manner as stated.

| Medical Examinar: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. Medical 29a. Certifier (Check only 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) RES-000 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 600 N. Wolfe St Baltimone, MB 21287 J. BROTMAN

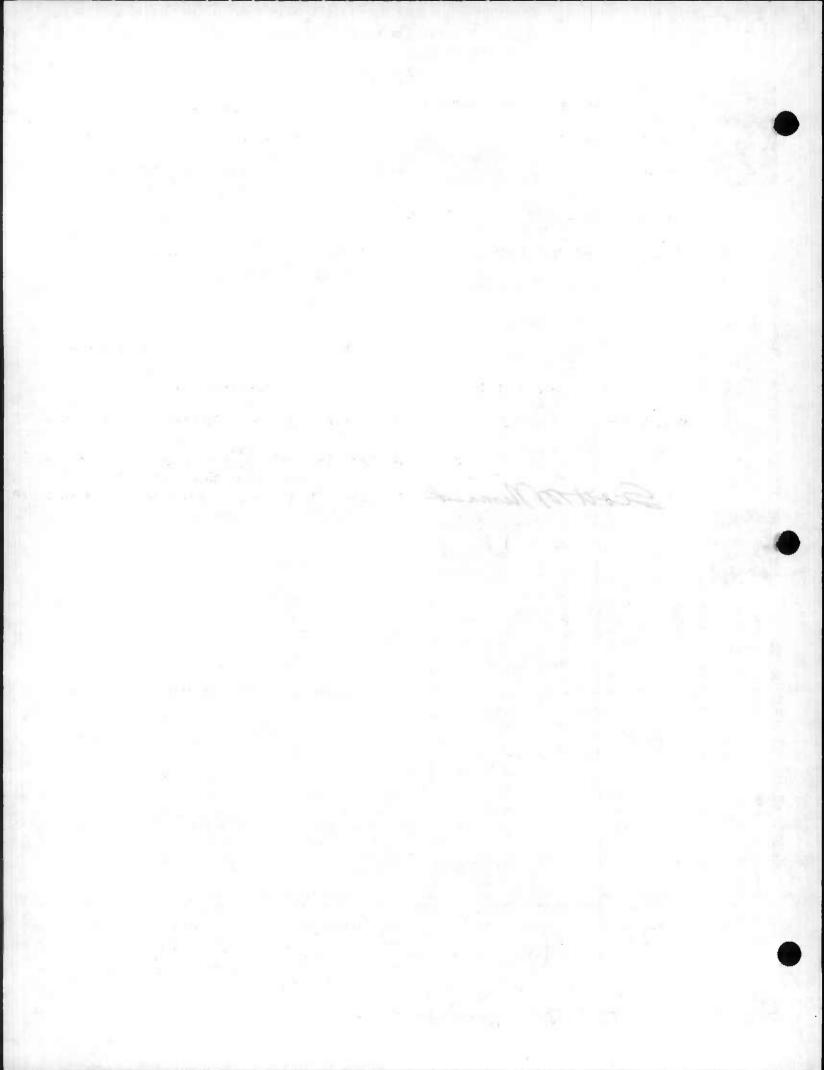
State Registrar 31. Dete filed (Month, Day, Year) FEB 1 1 1998 32 Registrace Signature Fundall



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First Middle Lest) 2. Dete of Deeth 3. Time of Deeth **Physiclan** Month Jeffrey Lynn GOLDEN 31, 1998 January :45 011 /Medical 4b. City, Town, or Location of Deeth 4e. Fecility Neme (If not institution, give street end number) 4c. County of Deeth Examiner Washington Hagerstown 14302 Gossard Mill Road If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1⊠M 2□ F 40 Yrs. 219-68-1088 Director August 29,1957 Maryland Usual Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at Washington Hagerstown Maryland 1 ☐ Yes 2 ☐ No Director 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? U.S.A. 21740 14302 Gossard Mill Road deeth Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bleck, White, etc. 72 hours efter be filed within 72 hours efter tal Hygiene. d other than "natural", or for 1 ☐ Never Married 2 Ñ Married 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Detes: 3altimore, Maryland 21215-0020 white 1 ☐ Yes 2 ☑ No Specify: by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementery/Secondery (0-12) 0 - 11clerk liquore store permit. Pages 1 end 2 should be file Department of Health end Mental Hy Important: if Item 27 is merked othe any Injury or other traumatic access 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Marlene M. Davis Edward Golden 2 T.ee 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 14302 Gossard Mill Road, Hagerstown, Maryland 21740 Mrs. Ellen D. Golden/wife 20e. Method of Disposition 20b. Pieca of Disposition (Neme of cemetery, cremetory or other piece) Dete 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State Feb. Cedar Lawn Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 3,1998 Hagerstown, Maryland 21. Signeture of Funeral Service Licensee 22. Neme end Address of Fecility Minnich Funeral Home 415 East Wilson Blvd., Hagerstown, Maryland 21740 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) 8 months Examiner Due to (or es e consequença of) Examiner physician end s the buriel-trensit Sequentially list conditions, if eny, leeding to Immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of): esn Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 2 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown signed b P 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed peen : hes page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate To the Hospital or Attending Physician: within 24 hours effer death.

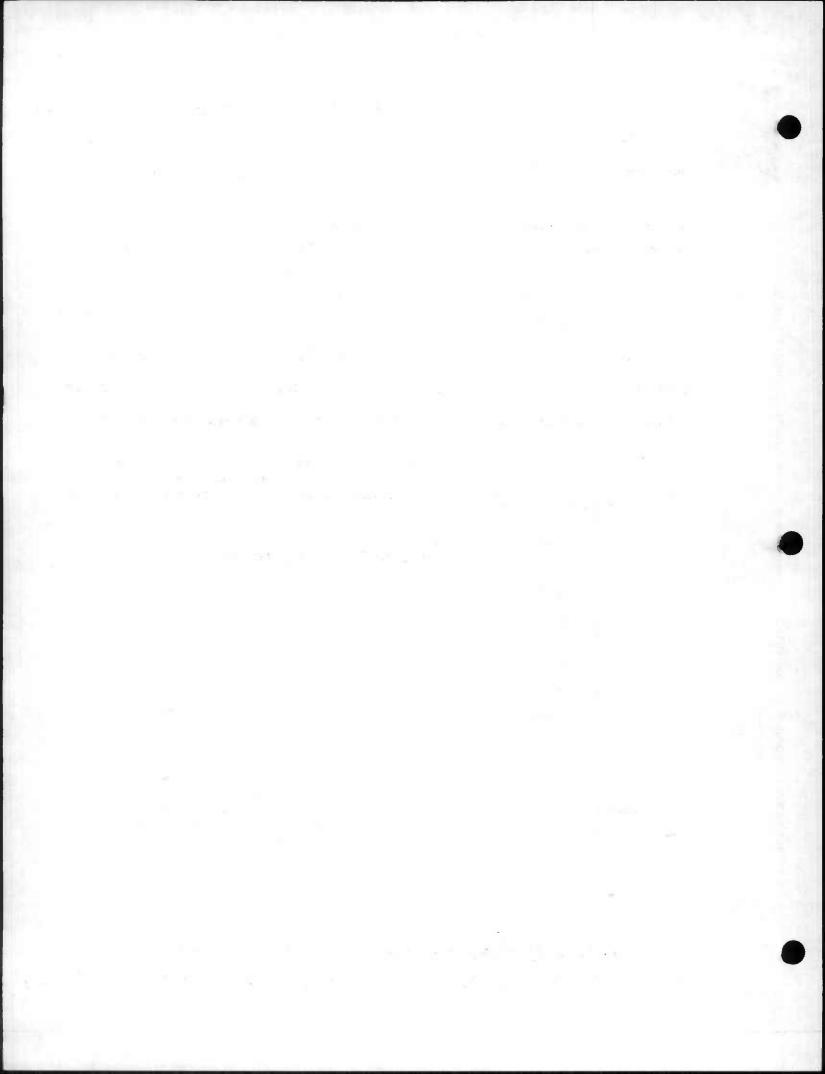
To the Funeral Director: Affer this certifica completely filled in by the funeral director, Be 25. Wes cese referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Certification: 28e. Dete of tnjury (Month, Dev Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigetion 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 Homicide 1 🔾 certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted. 29a. Certifier Medical 2 Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, end due to the cause(s) end menner steted. 29b. Signeture and title of pertifier 29c. License number 29d. Dete signed (Month, Dey, Year) ML 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Hagenstown, MD 21740 36 MD. 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State Lulia Davidson-Randall Registrar FEB 0 3 1998



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State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 4 9

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3a or 28a-	Funeral Director	MARYLAND ANNE AR 10e. Straet and Number 723 MAYO ROAD	UNDEL	GL	EN BU	RNIE ip Code	21061		10g. Citizen of V	Whet Country	?	
s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiena. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Exeminer must be notified at	by Funera	11. Maritel Status 1 Never Married 2 Married 3 Widowed 4 Divorced	If Yes, Give	947-			Hispanic Origin? (Sen, Mexicen, Puer Specity:	pecify Yes or No- to Rican, etc.)	14. Race Blec Specify	e - Amarican k, White, etc		
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Please Type or Print in Biack indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene ? Certificate of Death 1. Decedent's Neme /First Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** 26 10:58 am /Medical 4b. City, Town, or Location of Death 4a Facility Nama (If not institution, give street and number) 4c. County of Death Examiner FAIRFIELD NURSING HOME CROWNSVILLE ANNE ARUNDEL If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 5. Social Security Number 6 Sev Birthplece (Stata or Foraign Country) **Funeral** 10M 20F Months Deys Yrs. 579-50-6404 Director 82 SEPT. 23 1915 RUSSIA Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or Items 23a or 28a-1 show any Injury or other traumatic event, the Medical Examinet must be not filed at once. 10e Stete 10h County 10c. City. Town or Location 10d. Inside City Limits N Yas 2 No MARYLAND ANNE ARUNDEL CROWNSVILLE Directo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21032 US CROWNSVILLE ROAD Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No 14. Race - American Indian. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 11. Marital Status Bleck, White, etc. 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: WHITE P 3 ☐ Widowed 4 ☑ Divorced Completed 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highast grada completed) 16a. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) Eiementery/Secondery (0-12) College (1-4or 5+) 12th 4 yrs. HEALTH CARE WORKER DEPT. OF THE NAVY 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) Be SERGE CHAPIRO FELA KLIMOVITCH 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Reletionship (Type, Print) KARL VON GETZ (SON) 2077 OAK BAY AVE. VICTORIA, CANADA V8RiE6 20b. Pleca of Disposition (Name of 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramovai from Stata ANNAPOLIS MEM. GARDENS 1/30/98 ANNAPOLIS, MD. 21401 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
WM. REESE & SONS MORTUARY, P.A. 21. Signature of Funeral Servica Licensee eese arry 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory arrest, shock, or heer failure. List only one cause on each line. Approximete Interval Between Onsat and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner physician and s the burial-transit law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Last as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Due to (or es a consequence of) signed by the a Other significant conditions contributing to death but not resulting in the underlying cause given in Pert 1. 23b. Did tobacco use contribute to the cause of death? Part II 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evellable prior to should Completed 24a. Wes en eutopsy performed? completion of cause of deeth? is certificate has director, pege 2 The 1 Yas 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Be Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 28e. Date of Injury (Month, Day Year) funeral 28d. Describe how injury occurred 27. Manner of Deeth 28b. Time of 28c. Injury at Work? After 1 Neturet 5 Pending 1 Yes 2 No death. investigation after death Director: A d in by the f 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in 29a, Certifier 🏴 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end placa, and due to the ceuse(s) end menner as stated. Medical (Check only one) ■ Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end plece, and due to the cause(s) end manner stated. 29d. Data signed (Month, 29b. Signatura and title of certifiar 29c. Licansa number deeth (Item 23a) (Type, Print)

State Registrar 31. Date filed

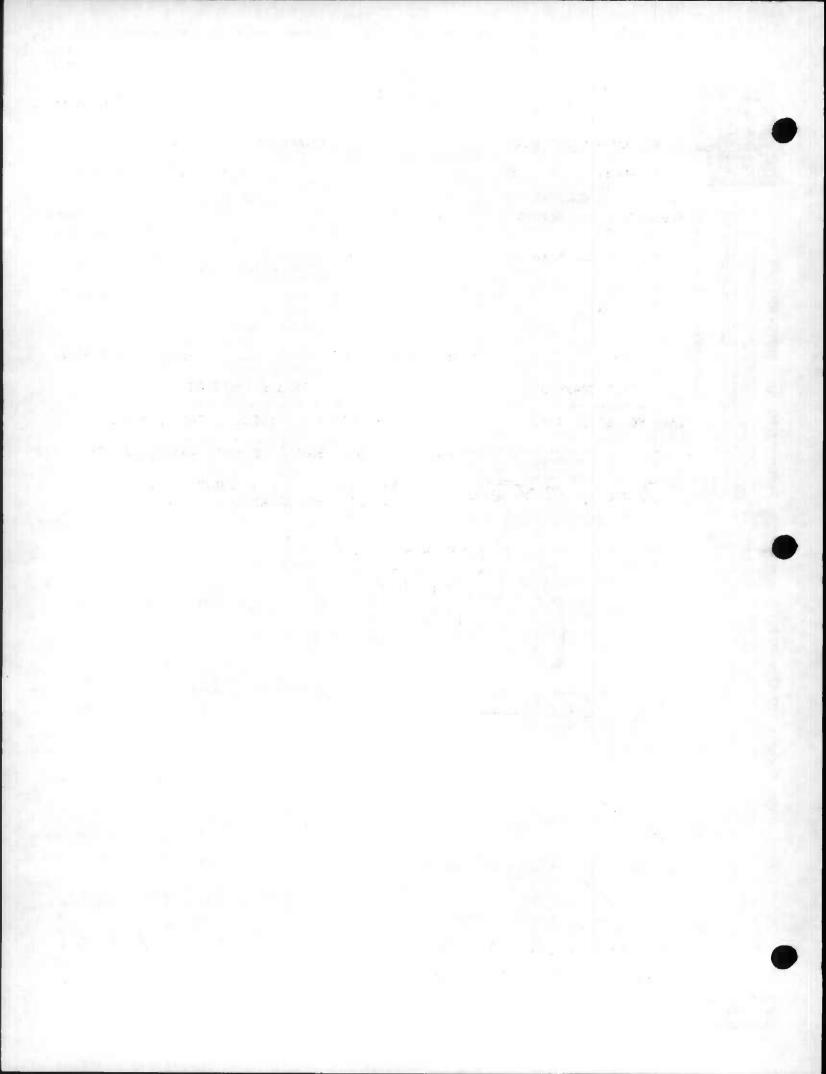
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FEB

32. Registrer's Signeture

John Davidson-Randoll



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death Month E/1'3AbeTh

4e. Facility Neme (If not institution, give street and number) 1815 142 7ch 4b. City, Town, or Location of Deeth 4c. County of Death Anne Arundel Anne Arundel Medical Center Annapolis If Under 1 Year If Under 24 Hrs.

Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) 8. Dete of Birth (Month, Day, Year) 1□ M 2□ F Yrs. 85 263 50 0812 09/10/1912 Lancaster PA Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Annapolis 1 √Yes 2 No 10g. Citizen of Whet Country? 10e. Street and Number 10f. Zip Code 21401 205 Melvin Avenue 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Was Decedant of Hispanic Origin? (Spacify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, atc. 11. Maritel Stetus 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 X No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) City Awning Company Elemantary/Secondary (0-12) College (1-4or 5+) Owner 17. Father's Name (First, Middle, Last) 18. Mothar's Name (First, Middle, Maiden Surname) Geneva Johnson Harry B. Gall 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 205 Melvin Avenue/Annapolis MD 21401 Joseph J. Goetz (husband) 20a. Method of Disposition 20b. Plece of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from Stata 4 ☐ Donetlon 5 ☐ Othar (Specify) 2/5/98 Alexandria VA Metropolitan Crematory 21. Signature of Funerel Service Licensae 22. Neme end Address of Fecility
Advent Funeral & Cremation Services 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or haart failura. List only one causa on aach line. Approximate Onset end Death Suptund SupraRenal Abdominal
Due to (or as a consequence of): Immediate Cause (Final disease or condition resulting in daath) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or injury that initieted events resulting in death) Last 23b. Did tobacco use contribute to the cause of death? 1 1 108 2 No 3 Probably 4 Unknown 24a. Was en eutopsy performed?

Physician /Medical Examiner

and

P.O. Box 68760,

Records,

Division of Vital

Physician

/Medicai

Examiner

10e State

MD

Funeral

Director

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permit. Peges 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "natural", or item any Injury or other traumetic avant

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

traumetic event, the Medical Examiner must be notified at

Examiner Physician/Medicai Completed by Be Certification: To

Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Pert I. 24b. Were eutopsy findings evailable prior to complation of cause of daath? ansungen She of tu Sung from Hypotension + Brodycardia 1 ☐ Yes 2 ☐ No 25. Was case referred to medicel examiner? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 1 Yes 2 No 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28c. Injury at Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Natural 2 Accident 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At home, farm, street, factory, office building, atc. (Specify) 4 Homicida 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end mennar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) and manner stated. 29a. Cartifiar

29c. License number

State Registrar

Medical

29b. Signatura and title of certifian

31. Date filed (Month, Day, Year)

FEB 0 5 1998

GARY

Yay M. Rinard Sen. M.D.

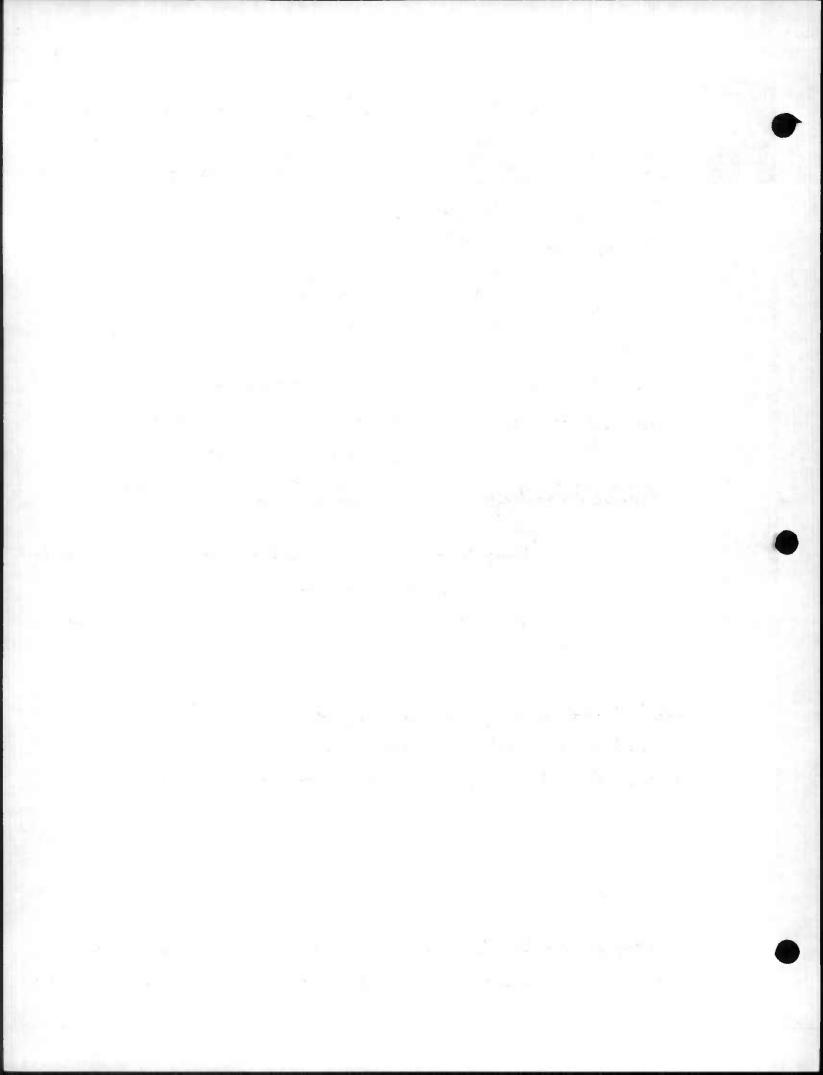
30. Name end agdress of person who completed cause of daeth (Item 23a) (Type, Print) TRICH ARDSON, MD JOY FORbes Street, ANNAPOLIS, MOZIYO) 32. Registrar's Signature

29d. Date signed (Month, Day, Year)

DHMH 16 Ray 6/95

To the Mospital or Attending Physician: "within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, p.

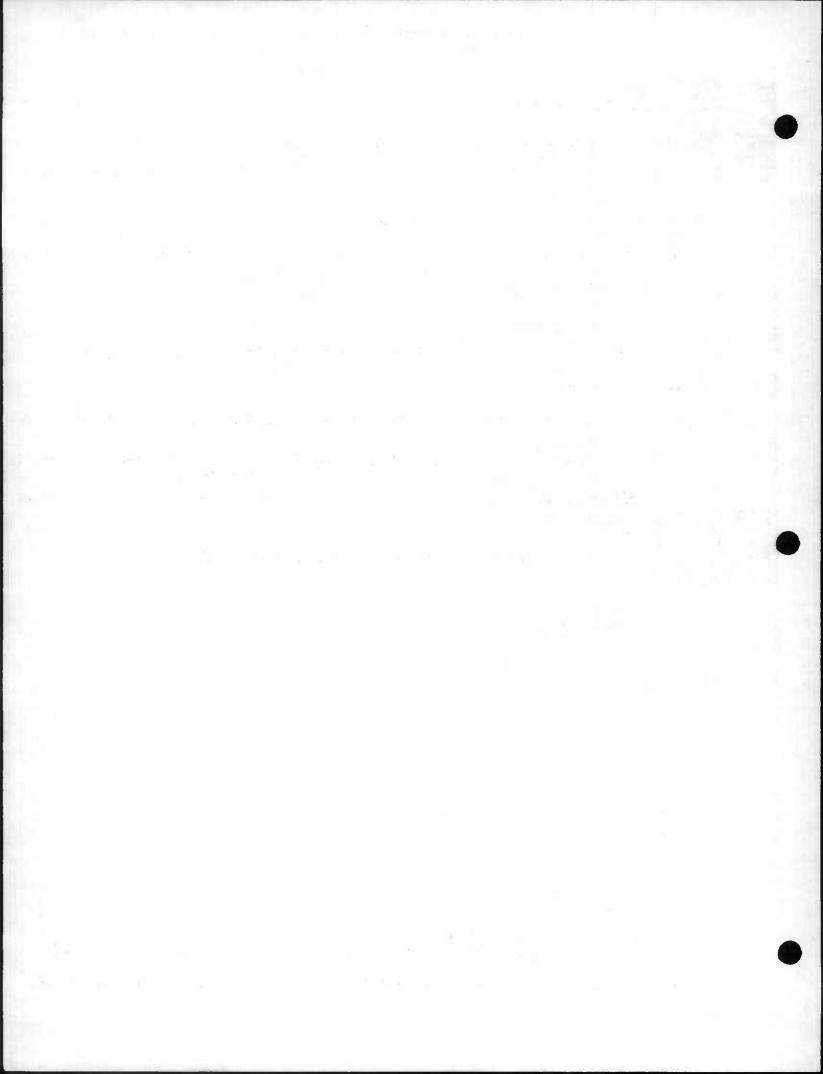


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Tima of Death Month **Physician** Gary D. Griesemer JANU ARY 1998 31 /Medical 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner PRINCE GEORGES LAUBEL REGIONAL HOSPITAL LAUREI If Under 1 Yaer If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Dey, Birthplece (Stete or Foreign Country) **Funeral** Months Deys Hours Min. Year) 10XM 2□ F Country) Pennsylvania 195-34-4486 54 1943 **Director** Usuel Residence of Decedent with the Maryland 10a. Stata 10b. County 10c. City, Town or Location is 1 and 2 should be filed within 72 hours after death with the Marylan of Haaith and Mental Hygiene.
Item 27 Is marked other than "natural", or Items 23a or 28a-f show other traumatic event, The Mexical Examines round be incilled at 10d. Insida City Limits 1 ☐ Yas 2 ☑ No Director PA Berks **Shillington** 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 332 Madison Street 19607 United States of America Funeral 12. Wes Decedent Ever in U.S. 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indian, 11. Marital Status Armed Forcas Black, Whita, atc. 1 X Yes 2 No If Yes, Give Yaar or Dates: 1 Never Merried 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐XNo Specify: Specify: þ White 3 Widowed 4 Divorcad Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) -12-Independant Truck Driver Moving Company 17. Fether's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Russell Griesemer Mary Price 2 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Linda L. Griesemer - Wife 332 Madison Street Shillington, PA 19607 20b. Pleca of Disposition (Neme of 20a. Method of Disposition Date 20c. Location - City or Town, Stete permit. Pages 1 Department of H Important: If iter any Injury or ott cemetery, cremetory or other pleca) 1 Burial 2 □ Crametion 3 □ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify) Forest Hills Memorial Pk. 1998 Reading, Pennsylvania 21. Signeture of Ineral Servica Licensee 22. Nama and Addrass of Fecility Lutz Funeral Home 2100 Perkiomen Avenue Reading, PA 19606 the diseasa, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory arrast, ert feiture. List only one ceuse on each line. Approximete Intervel Between Onset end Death **Physician** Immediate Cause (Final disease or condition resulting in death) /Medicai · ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE Examiner Due to (or es e consequence of): Examiner ician and buriai-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseesa or Injury Due to (or es e consequança of): Box 68760. physician 99 Physician/Medicai the thet Initieted events resulting in deeth) Lest Due to (or es e consequenca of): USB P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying causa givan in Part I. 23b. Did tobecco use contribute to the cause of death? signed by 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Unknown Records, þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed been SBL paga certificate 1 ☐ Yes 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to medicat exeminer?

1 Yes 2 No Be 26. Plece of Death (Check only one) Hospital: Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) P 2 ER/Outpetient 1 Inpatient 3□ DOA this funeral 27. Manner of Death Medical Certification: 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After To the Hospital or Attending I within 24 hours after death.
To the Funeral Director: After 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Suicida 6 ☐ Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Pleca of Injury - At homa, farm, street, fectory, office building, etc. (Specify) 4 Homicide filled in 29a. Certifie Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. (Check only Medical Examiner: On the basis of examinetion end/or Investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29c. Licansa number 29d. Data signed (Month, Day, Year) DME JANUARY 31, 1998 30. Name and address of person who leted cause of deeth (Item 23e) (Type, Print) 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 GOLVE MD 32. Hegistrer's Signature

And Son-Pandall 31. Dete filed (Month, Day, Year) State FEB Registrar



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMEND# 19B 2-5-98 cms Certificate of Death AACO HEALTH DEPT 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Tima of Deeth Month **Physician** George January 29, 1998 Rose 9:14 A.M. /Medical Eacility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 10535 Pennydog Lane Silver Spring Montgomery County If Undar 1 Year | If Undar 24 Hrs. | 8. Deta of Birth (Month, Pay, Year) | 9. Birthplaca (State or For Months) | Days | Hours | Min. | August 5, 1923 | Pennsylvania 5. Sociel Security Number 7. Age (In yrs. lest birthdey) 9. Birthplaca (State or Foreign **Funeral** 1□M 20F 187-14-6012 75 Yrs Director Usual Rasidance of Dacedant the Meryland 10a. State 10c. City, Town or Location 17 is marked other than "natural", or frems 23s or 28s-f show traumetic event, the Medical Examinar must be notified at 10d. Insida City Limits Maryland 1 ☐ Yes 2 No Montgomery Silver Spring Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country United States 10535 Pennydog Lane 20902 of America Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No If Yas, Giva 14. Race - American Indian, Biack, Whita, etc. 11. Marital Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-if Yas, specify Cuban, Mexican, Puerto Rican, etc.) permit. Pages 1 and 2 should be filed within 72 hours ofter Department of Health and Mental Hygiene. Important: If frem 27 is marked other than "natural", or free any injury or other traumatic event 1 Never Married 2 Married 1 ☐ Yas 2 No Specify: þ 3 Widowed 4 Divorced White Yeer or Detas: Completed Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Salesperson Sales 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Abdo George Martha Moses 10 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stata, Zip Code) 20b. Place of Disposition Wards Group Clog Location - City or Town, Stata Michael Moses/ Nephew 20a. Method of Disposition

1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stete 20c. Location - City or Town, Stata cematary, crematory or other plece) february Union Cemetery Arnold, Pennsylvania 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Service Licensae #M00690 22. Name end Addrass of Facility John F. Krupa Funeral Home busied & 1000 Freeport Road, New Kensington, PA 15068 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Between Onset end Death **Physician** Immediata Cause (Final diseesa or condition rasulting in death) /Medicai Carcinoma of the Colon 6 Years Examiner Due to (or as a consequence of) Physician/Medical Examiner physician end the buriel-transit Sequantially list conditions, if any, laading to immediata causa. Entar Undarlying Cause (Disease or Injury that initiated events rasulting In daath) Last Due to (or as a consequence of) Dua to (or es a consaguance of): 98 attending p esn Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to completion of causa of daath? 24a. Wes an autopsy performed? Completed peeu page 2 s has 1 ☐ Yes 2 🖾 No certificate 1 ☐ Yas 2 ☐ No director, Be 25. Was case rafarred to medical axaminar? 26. Place of Death (Check only one) Hospitai: Other: 4 Nursing Home 5 A Rasidance 6 Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this After this 27. Manner of Death 28a. Data of Injury (Month, Day Year) Certification: 28b. Tima of Injury 28c. tnjury at Work? 28d. Describe how Injury occurred 1 XNatural 5 Panding Investigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be datamined 3 ☐ Suicida 28a. Ptace of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

certificate be executed Box 68760, The law requires that the deeth Division of Vital Records, P.O. or Attending Physician: death. I hours after death. To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the

Baltimore, Maryland 21215-0020

10x Certifying Physician: To the best of my knowledga, death occurred et tha tima, data and place, and due to the cause(s) and mannar as stated.
2 Medical Examiner: On the best of axamination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar steted. 29a. Certifier (Check only one)

D22779

29b. Signature end titla of certifier

31. Data filed (Month, Dey, Year)

FEB 05

29c. Licansa number 29d. Deta signad (Month, Day, Year)

January 29, 1998

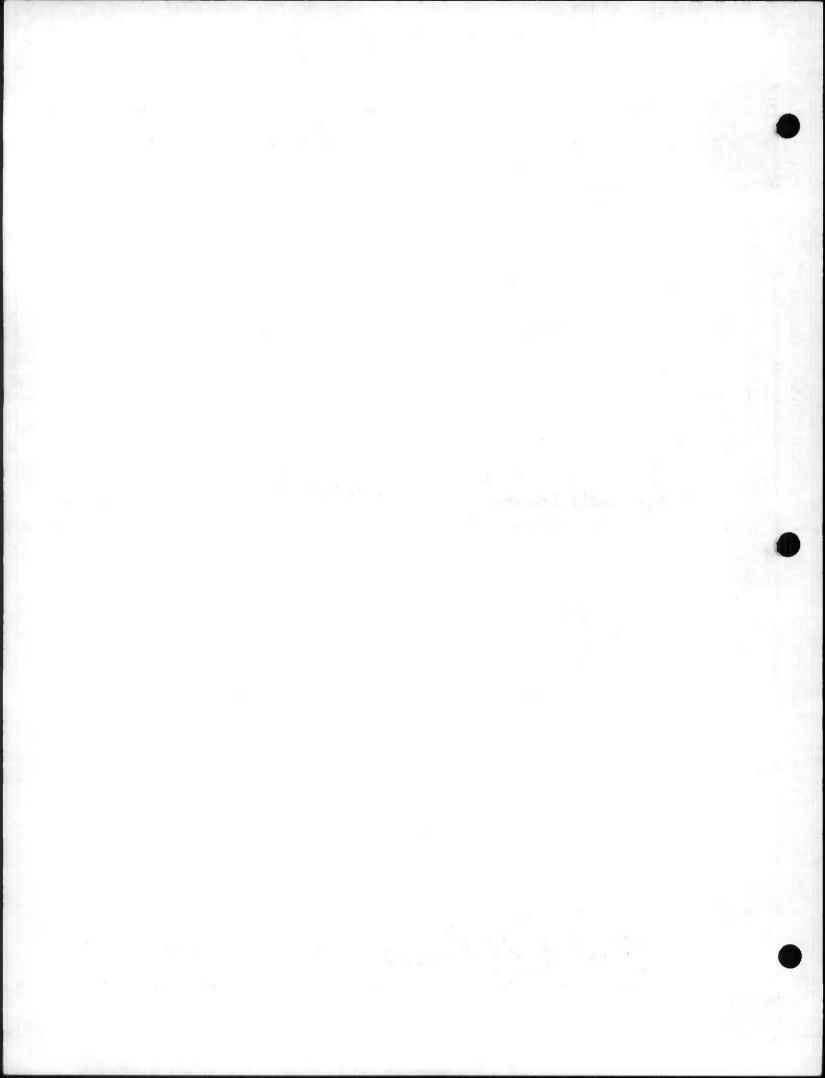
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

Frederick Barr, M.D. 2101 Medical Park Drive, Silver Spring, Maryland

State Registrar

Medical





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289	Director	10e. Street and Number		·	0.221		10f. Zip Code			10a C	Citizan o	f What C	ountry?	
al', or itema 23a or 28a-f sho Examiner must be northed at		200 CCOUR AVENUE	T.				21060					10g. Citizan of What Country? US		
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Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Leath Month Yaar **Physician** James Allen Gill, Sr. February 1998 2 7:15PM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 5. Social Security Number **Funeral** 10XM 2□ F Months Days Yrs Director June 2 1923 215-20-0189 74 Maryland Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at MD Anne Arundel Annapolis 1 ☐ Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? with 298 Cedar Lane 21403 United States Funeral death 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indian, permit. Peges 1 end 2 should be filed within 72 hours effer of Department of Health end Mental Hygiene. Important: If Itam 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercise. Black. White, etc. MXYes 2 □ No If Yes, Give Year or Datesww II 1 ☐ Never Married 2 X Married Baltimore, Maryland 21215-0020 1 ☐ Yas AQNo Specify: 2 3 Widowed 4 Divorced White Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Insurance Agent Insurance 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Ruth Allen Henry Gill 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Virginia S. Gill (Wife) 298 Cedar Lane Annapolis, Maryland 21403 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1

Bunal 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) Hillcrest Memorial Cemetery 2/6/98 Annapolis, Maryland 22. Name and Address of Facility John M. Taylor Funeral Home, Inc. 21. Signature of Europeal Septice Licanses 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physiclan** pneumonia /Medical Immediate Cause (Finel 12 days disease or condition Examiner encephalitis Examiner Heupes physicien end s the buriel-transit Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es a consaguance of): 88 ettending signed by the et d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? 1□ Yes 2 No 3 Probably 4 Unknown ò 24b. Wera autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy peen hes 1 ☐ Yes 2 ☐ No To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this certifica completely filled in by the funeral director, 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: Inpatient 1 Yes 2 No Other: 4 Nursing Homa 5 Residenca 8 Other (Specify) 2 2 ER/Outpetient 3 DOA 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Netural 2 Accident 5 Pending Investigetion 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide 29a. Certifier 🖅 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medical 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29b. Signature and fitte of certifier 29d. Data signad (Month, Day, Year) 29c. Licansa number 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Annapolis, Ma. 21401

State Registrar >tvairt

31. Date filed (Month, Dey, Yeer)

FEB

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Selouicu

32. Registrar's Signature

the Davidson

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3 Time of Death 2. Data of Death Month **Physician** Edson Earle Gardner Jr. February 2, 1998 6:40 A.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Frederick Memorial Hospital Frederick Frederick If Undar 1 Year If Undar 24 Hrs. Months Days Hours Min. Oct 20, 1 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1⊠M 2□ F 577-16-7719 78 Yrs. Pennsylvania Director Usual Rasidence of Decedant the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinar must be notined at Maryland Frederick Frederick Director 1 Nas 2 No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 1507 Rosemont Avenue 21702 U.S.A. Funeral death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 12 Yas 2 1 No 11 Yas, Giva WOT1d Yaar or Datas: War II 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 72 hours efter 1 ☐ Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: White þ 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Spacify only highast grada complated) 16h Kind of Rusiness/Industry pernit. Pages 1 end 2 should be filed within 7 Department of Health end Mentel Hyglens. Important: if item 27 is marked other than *n any injury or other traumatic event, to a Mac pages. Collega (1-4or 5+) Elemantary/Secondery (0-12) Production Engineer Dept of the Army 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nema (First, Middla, Maidan Surnama) Be Edson Earle **GARDNER** Sr Marie KRESS 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Route Number, City or Town, Stata, Zip Coda) Mrs. Susanne Gardner/Wife 1507 Rosemont Avenue, Frederick, Maryland 21702 20b. Placa of Disposition (Nama of commatary, cramatory or other place)

Smithsburg Crematory Feb 7,1998 20a. Method of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata Smithsburg, Maryland 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Lights as 22. Nama and Addrass of Facility. Keeney & Basford P.A. Funeral Home vo erow 106 E Church Street, Frederick, Maryland 21701 M00706 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onsat and Death Physiclan /Medicai Immadiata Causa (Final Years disaasa or condition rasulting in daath) Examiner physician and the burial-transit that the death certificate be axecuted Sequantially list conditions, if any, laading to Immadiata causa. Enter Undarlying Cause (Disaase or injury that Inhitated evants rasulting in death) Last Dua to (or as a consequence of) Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributa to the causa of death? been signed by should be detac 1 Yes 200 No 3 Probably 4 Unknown þ 24b. Ware eutopsy findings available prior to complation of cause of death? Completed 24a. Was an autopsy performed? certificate 1 Yas 2 No 1 ☐ Yas 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this cartifica completely filled in by the funeral director; 25. Was casa rafarred to medical Be 26. Placa of Death (Check only ona) ayaminer' 1 Yas 2 No Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) inpatiant 2 ER/Outpatient 3 DOA Certification: To 27. Mannar of Death 28a. Data of Injury (Month. Day Yaar) 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Time of 1 Aveturel 2 Accident 5 Pending 1 Yas 2 No invastigation 6 Could not be detarmined 3 Sulcida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 4 Homicida Tigocertifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred et the time, dete end place, end dua to tha causa(s) and manner statad. 29a. Certifier Medical 29b. Signatura and titla of certifiar 29c. Licansa number 29d. Dete signed (Month, Dey, Year) MO0516100 30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print) Aue 1475 Taney 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State Registrar

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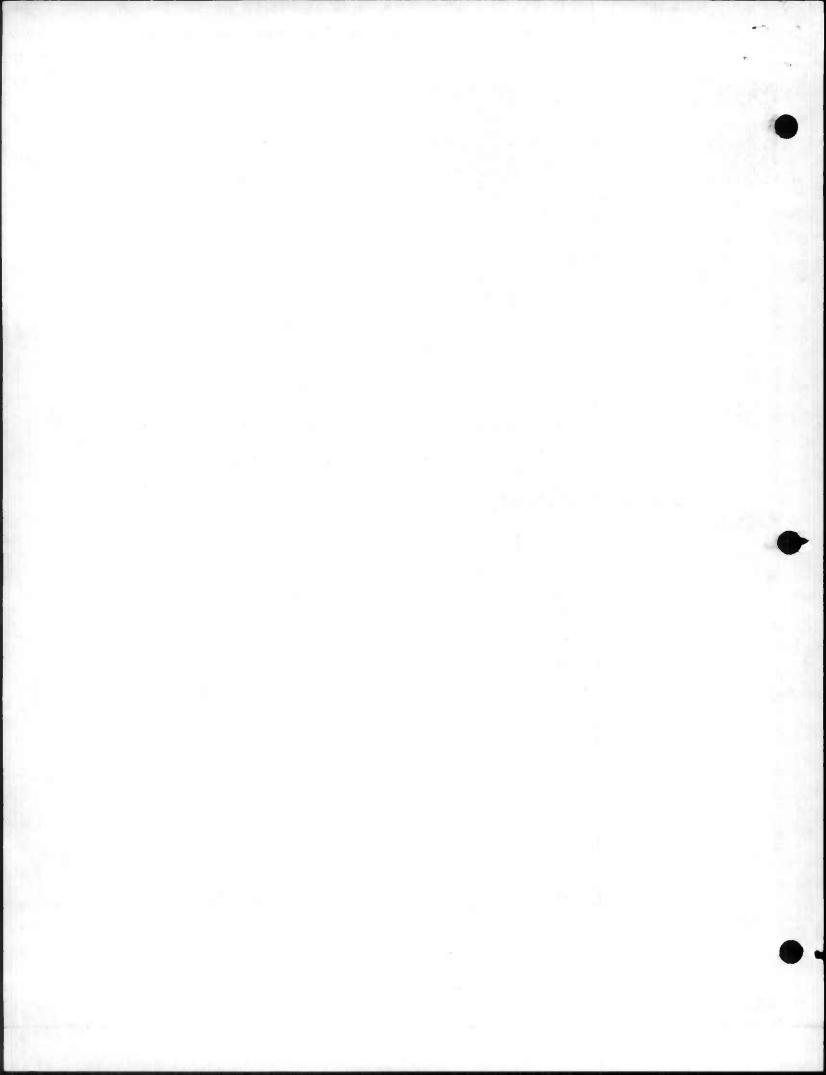
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month **Physician** 1998 Gladys Geraldine February 1030 /Medical 4e. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 100 Greenwood Drive Hagerstown Washington If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Sociel Security Number 7. Age (in yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2⊠ F Yrs. 219 14 5496 Director July 3, 1922 Maryland Usual Residence of Decedent tha Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examinar must be notified at Maryland Washington Hagerstown 1 Yes 2 No Director 10a. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 1026 Brinker Drive 21740 USA permit. Pages 1 and 2 should be filed within 72 hours eftar death 1 Department of Health and Mentel Hygiene. Important: If item 27 is marked other than "natural", or Items 23s any injury or other traumatic event. The Medical Examinations. Funeral 13. Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Merried 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify: White δ 3 ₩ Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) telephone operator railway 17. Fether's Neme (First, Middle, Last) 18. Mother's Nama (First, Middla, Maidan Surname) Luther J. Snyder Lucille Simmons 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Patricia L. Brewer Daughter 100 Greenwood Drive Hagerstown, Maryland 21740 20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cramatory or other place) Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 In Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Hagerstown Crematory 2/6/98 Hagerstown, Maryland 22. Name and Address of Fecility Gerald N. Minnich 21. Signature of Funerel Service Licensee 305 N. Potomac St. Funeral Home Hagerstown, Maryland 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such es cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximate Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in death) Cell Lung Conce Small 9 month Examiner Due to (or as e consequence of): Examiner physicien and the burial-transit tha death cartificate be executed Sequentially list conditions, if eny, laading to immediate ceusa. Enter Underlying Cause (Diseese or injury that initiated events resulting in death) Last Dua to (or as e consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or as a consequence of) ettending ph signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? 24e. Wes an autopsy performed? Completed paga 2 cartificata hes 1 Yes 2 No 1 ☐ Yes 2 ☐ No for Attending Physician: after death. Director: After this carifica 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only ona) Hospitel: 1 | Inpatient 2 | ER/Outpetient 3 | DOA Other: 4 Nursing Home 5 Aesidence 6 Other (Specify) 1 Yes 2 No 10 funeral 27. Menner of Death 28e. Date of injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury at Work? 5 Panding Investigation 1 Naturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 Could not be datermined 3 Sulcide 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) complataly filled in by 4 Homicida To the Hospital o within 24 hours a To the Funeral D 29a. Cartifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the cause(s) and manner es steted. Medical (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and piece, and dua to the ceuse(s) and mannar steted. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 2.6.98 melanal no. 041667 30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print) Michael J. McCornack IIIIO Medical Campus Rd. Svite 130 Hazerohum, MO. 31. Date filed (Month, Day, Year) 32. Registrat's Signature State 10 FEB Registrar



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Plea	se Type or Pri								ible.	C1 20
	State of Ma	aryiani		rtificate o				Reg. No.	U	3429
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4e. Facility Nama (If not institution WILLIAMSPO		JG 1	toms	_			SPORT	4c. County	of Death	
5. Social Sacurity Number 214-10-4276	6. Sax 7. Ag	9 (In yrs. le	ast birthday) Yrs.	if Under 1 Ye Months Dey	-	24 Hrs. Min.	8. Data of Bir (Month, Da March	y, Year)		place (Stata or Foraign intry) Yland
Usual Rasidanca of Dacadant 10a. Stata 10b. County Maryland Washi	ington		Town or Lo							10d. Insida City Limits 1 ☑ Yes 2 ☐ No
10e. Street and Numbar 828 S. Potomac	Street			10f. Zip Code 217				10g. Citizan of U.S.		intry?
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5 17. Father's Nema (First, Middla,			Superv	visor of				Electi Maidan Suman		Itility
Charles Hoffman 19a. informant's Name/Ralations			19b Mailir	o Addrass (Stra			Sowman	er, City or Town,	State 7i	in Code)
Robert L. Hoffm				Blackbu						Va. 22901
20a. Mathod of Disposition 1 ☑ Burlal 2 ☐ Cramation 4 ☐ Donation 5 ☐ Other (Sp		се	matary, cren	sition (Nama of natory or other p	,	2	Data 2-9-98	20c. Location		own, Stata Maryland

Physician /Medical **Examiner**

Depertment of important: If Its eny Injury or o

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ed by the attending physician deteched for use as the buna

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this funeral

After

To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: Af completely filled in by the fu

death.

director, page 2 should be

Be Completed by

Medical Certification: To

or Attending Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

Physician/Medical Examiner Sequantially list conditions, if eny, laading to immadiate ceusa. Entar Undarlying Causa (Disaasa or injury that initiated events that initiated evants rasulting in daath) Last

Immedieta Causa (Final diseasa or condition rasulting in death)

21. Signatura of Funeral Service Licensaa

Director

Funeral

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Completed

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Physician

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Funeral Director

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Pages 1 and 2 should be filed within 72 hours efter death with the Marylen ment of Health end Mental Hygiene.
ant: If Item 27 is marked other then "neturel", or Items 23s or 28s-f show ury or other traumatic event, the Medical Examines must be notified at

Baltimore, Maryland 21215-0020

	Onset end Death
· ACUTE MYOCARDIAL INFARCTION	MINUTES
Dua to (or as a consequence of): b. ATHEROSCLEROTIC HEART DISEASE	YEARS
Dua to (or as e consequence of):	
Dua to (or es e consequance of): ■ d	
s contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contributions in the Underlying ceuse given in Part I. 1 Yes 2 No 3	bute to the cause of death

22. Nama and Addrass of Facility

415 E. Wilson Blvd.

Part II. Other significant conditio OSTEOPOROS

23a. Pert1. Entar tha disaesa, or complications thet caused tha daath. Do not antar tha mode of dying, such es cardiac or raspiratory arrest, shock, or haart failura. List only one cause on each line.

TURE; SENILE DEMENTIA; CHRONIC OB-

STRUCTUE PULMONARY DISEASE

24a. Was an autopsy performed?

24b. Ware autopsy findings available prior to complation of causa of daath? 1 ☐ Yas 2 ☐ No

Approximata Intarval Batween

invastigation

6 Could not be datarmined

a of Death (Check only ona) lursing Home 5 Residence 6 Other (Specify)

1 Yas 2 No

Minnich Funeral Home

Hagerstown, Md. 21740

Was cesa rafarred to medicel examiner?	28. PI										
1 Yas ≥ No	Hospital: 1 ☐ Inpatient	2 ER/Outpatient	3□ DOA	Othar:							
Manner of Death	200 Date of Johns	Oth Time of	200	Indiana at							

(Month, Day Year) 5 Panding

Work? Injury 1 ☐ Yas 2 ☐ No

28d. Dascribe how Injury occurred

29a. Cartifian

1 Natural

2 Accidant

3 ☐ Suicida

4 - Homicida

😕 Certifying Physician: To tha best of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mennar as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and mannar stated.

29b. Signatura and titla of certifiar

STAFF

29c. Licansa number

29d. Data signed (Month, Day, Yaar) February 5, 1998

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

ass of person who complated causa of daath (Itam 23a) (Type, Print)

OOKE HUFFMAN, MD 18100 Slade School Road

State Registrar

32. Ragidirar's Signature
Tuna Davidson-Randelle

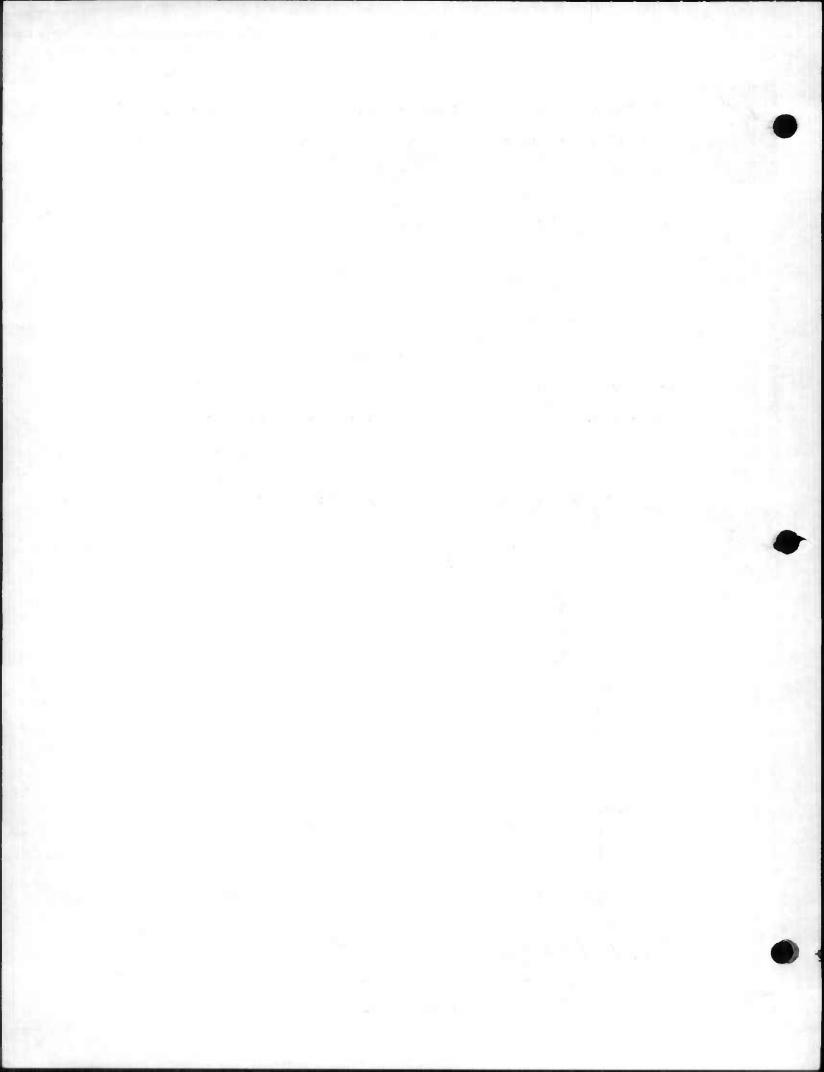
28a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

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State of Maryland / Department of Health and Mental Hygiene Q 051, 30

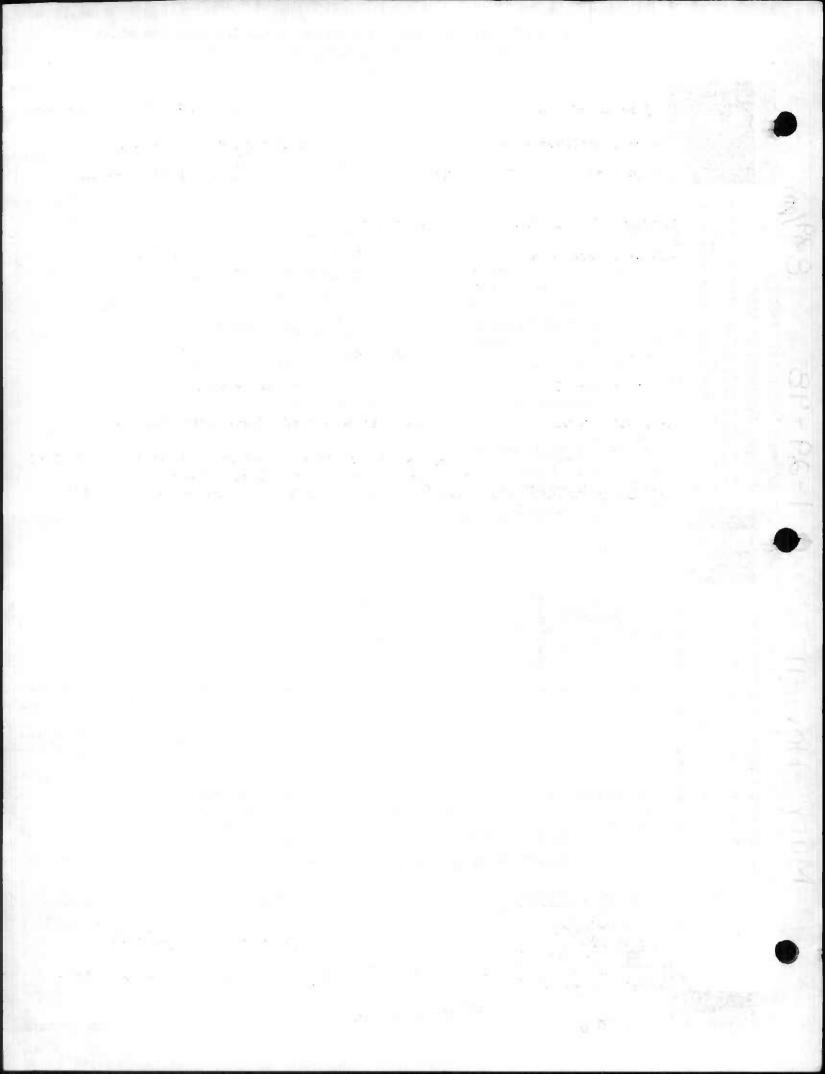
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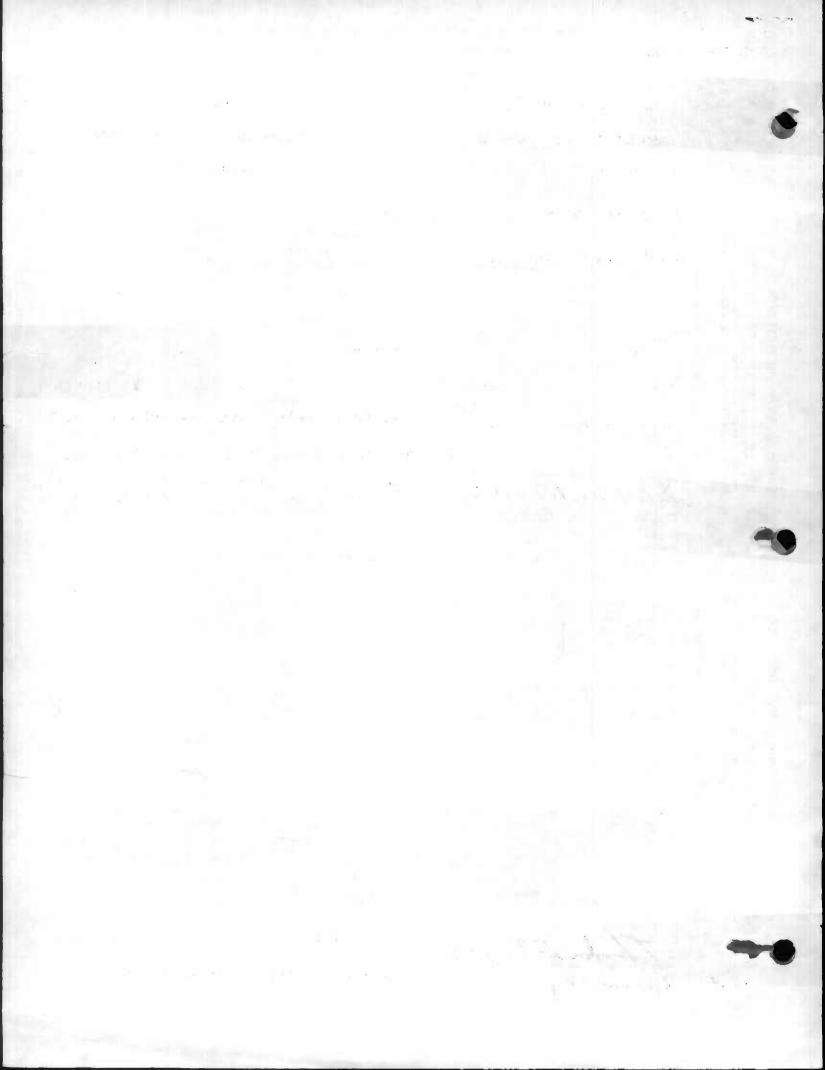
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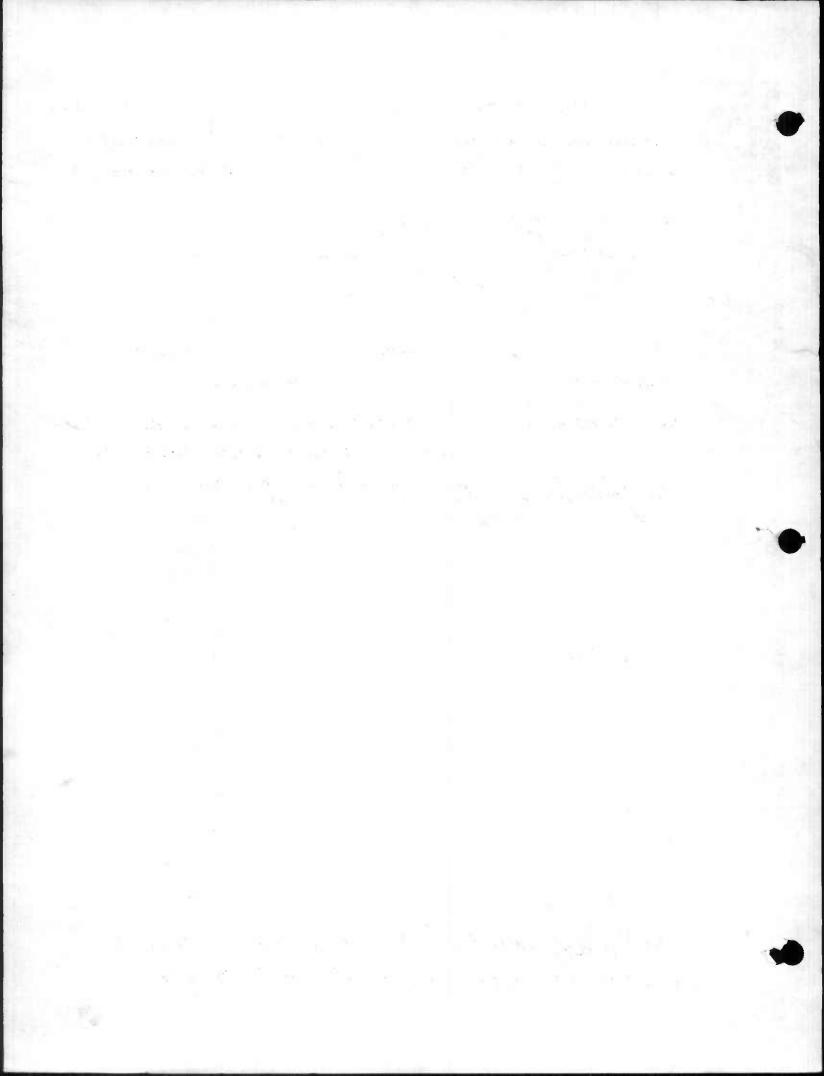


B.K.S

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я	Physicia	-	1. Decedent's Neme (First, Middle, La							2	Month	Dey 1998	Yeer		e of Death
	/Medica		Edna Ruth Ho 4e Facility Neme (If not institution, give	over)	-		4	b. City, Tov	vn, or Loca	JAN.	4c. County		٥.	TO FIL
Set	Examinit	1	WASHINGTON COUNT	Y HOSPITA	L				HAGE	RSTOW	N	WASH	INGTO	N	
I	Funeral Director		5. Sociel Security Number 258 42 0765	Sex 7. A		lest birthdey) Yrs.	If Unde Months	r 1 Yeer Deys	If Under 2 Hours	Min. Ap	Dete of Birth (Month, Dev 1114, 1	931'	9. Birthple Count Georg	ece (Ste ry) Sia	te or Foreign
	and and	+	Usuel Residence of Decedent 10e. State 10b. County		10c. Ci	ty, Town or Loc	ation						10	d. Inside	e City Limits
	Mary	jo	Maryland Wash	nington	На	gerst	own							1 🗆 Y	es 2 No
	or 28		10a. Street end Number				10f. Zij	p Code			1	0g. Citizen of V	Vhet Count	iry?	
	ath w	20	18510 Sherbroo						1742			USA			
020	0 5	by Funeral Director	11. Maritel Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces 1 Yes 2 Hes, Give Yeer or Detes:	?		/as Dece Yes, spe ☐ Yes		lispenic Ong en, Mexican Specify:	jin? (Speci , Puerto Ri	fy Yes or No- can, etc.)	Bied	e - America k, White, e Whi	etc.	ų.
2-0	n 72 hours natural', solcal Exp	9	15. Decedent's E	ducation		16e. Deced	ent's Usu	el Occup	ation during most	of working		16b. Kind of Bu	siness/Ind	ustry	
21215-0020	c	Completed	(Specify only highest gra Eiementery/Secondary (0-12)	College (1-4or	5+)	life. E	O NOT	ise retired	duning most	or working					
	be filed withintal Hygiene. Id other than		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1)		homen	nake	r	18 Mothe	r's Name /		home Maiden Sumem	(a)		
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ary	d 2 should be th end Mantal 7 is marked c traumatic ev	0	19e. Informent's Name/Reletionship (g Addres	s (Street		-		, City or Town,			,11
é .	f Health item 27 other tr		Ralph C. Hoove	r, Sr.	20b. I	Plece of Dispos cemetery, crem	sition (Ne	me of other plea	ce)		Dete	gersto	City or To	wn, Stete	9
Him		-	4 Donetion 5 Other (Special		511	nithsb					798 S	mithst	ourg,	Md	L •
Ba	permit. Departn Imports any inju		21. Signeture of Funeral Service Licer	ninic	2	Ge	ral	d N.	ss of Fecility Min Home	nich		5 N. F			
	hysician /Medical Examiner	- La	23a. Part1. Enter the disease, or com- shock, or heert failure. List only tmmediate Ceuse (Finet disease or condition resulting in death)		INHAL	ATION WIT	H COM	1PL I CA							Between nd Death
	ceta be executed physician end the burial-transit	Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying	b	Due to (or es e conseq	uence of)	÷					<u> </u>		
		Physician/Medical E	cause. Enter Underlying Cause (Disease or Injury thet initieted events resulting in deeth) Lest	c	Due to (d	or es e consequ	ience of).	:					i		
Вох	death certific e attending p ed for use as	Clan		V											
P.0		by Physi	Pert II. Other eignificant conditions of	contributing to death I	but not res	sulting in the ur	derlying	ceuse giv	ren in Pert I.			ee 2 No	ntributa to 3 ☐ Prob		ee of death?
Records,	law requires as been sig	Completed									24e. Wes e perfor		eva cor	ailebie pr	osy findings rior to of cause
= '	The le	5									1657	es 2 No	1度	Yes	2□ No
of Vital	2 0 2	10	25. Wes case referred to medicat exeminer?	Hospital:	VA	7		Oth Oth	100		Check only or				
	rthis eral di	0 ::	1XX es 2 No 27. Manner of Deeth	28e. Date of this		ER/Outpatien 28b. Time of	-	OA 28c. Injur Wor	4 🗆 Nu			ence 6 Oth ow injury occur		1)	
ion	Attending or death. actor: After by the funer	atio	1 □Natural 5 □ Pending investigatio		ey Year)	Injury 10:45	M		k? Yes 2)(∑ (No sul	biect in	volved in	house	fire	e
=	tal or Attendii rs after death. al Director: A ied in by the fu	Certification:	3 Suicide 6 Could not be determined	O Diverselle	tc. (Speci	ome, farm, stri	et, factor	ry, office		28	f. Location (S City or Tow	treet end Numb n, Stete) 1851 n, Md. 21	per or Rura 10 Sher	I Route I	Number
	within 24 hours a To the Funeral C completely filled	edical	(Check only 2 Medical Exar	yelclan: To the best niner: On the basis of	of examine					d plece, en	d due to the d	euse(s) and me	enner es st		se(s)
	thin 2		29b. Signeture end title of certifier	and menner s	teted.		29	c. Licens	e number			29d. Date signe	d (Month. i	Dev. Yes	ar)
-			Thenbre!	1. Kirk	my	00017			C.M.E			JAN. 2			
			30. Name and address of person who THEODORE M. K., Y 31. Dete filed (Mörith, Day, Year)	completed cause of	1.	11 Penn	Str	eet,	Bal.t.	imore	, Mary	land 21	201		
	State Registra	7	FER A Dan	SE. HOUSE	lin Sa	He S	A. no								



			State of M	aryiand		riment of the contract of the	Death	мептат ну	giene Reg. No.	051	+33
Physic	ian	Decedent's Neme (First, Mid M.	dle, Last) ary K. Holmes	5				2. Date of De		Year	ime of Death
/Medi Exami		4e. Fecility Neme (If not instituti					4b. City, Town, or	Location of Deat			JOIN1
Funeral Director		Chesapeake He 5. Social Security Number 092 40 8084		nter ge <i>(In yrs. I</i> as 92	t birthday) Yrs.	If Under 1 Year Months Deys	Arnold If Under 24 Hrs Hours Min		rth	9. Birthplace (S Country) New Yo	State or Foreign
and wa		Usual Residence of Decedent 10e. State 10b. Count	у	10c. City,	Town or Loca	ation				10d. Ins	Ida City Limita
the Marylar 28a-f show notined at	tor	MD Anne	Arundel	Anna	apolis					10	Yea 2∏No
oth with the M 23a or 28a-f	Funeral Director	10e. Street and Number 1600 Orchard	Way			10f. Zip Code 2140	01		10g. Citizen of V USA	What Country?	
ter des		11. Marital Status 1 Never Married 2 Ma 3 XWidowed 4 Divorce	If Yes Give	?		es Decedent of I Yes, specify Cub	Hispanic Origin? (an, Mexican, Puer Specify:	Specify Yes or No rto Rican, etc.)	Specify	e - American ind ck, White, etc.	
21215-0020 d within 72 hours af giene. r than "natural", or	Completed by	15. Decede (Specify only high Eiementary/Secondary (0-12)	est grade completed) Coilega (1-4or	5+)		nt's Usual Occu Ind of work done O NOT use retire maker	pation during most of wo d)	orking	16b. Kind of Bu	usiness/Industry	
Baltimore, Maryland 21215-0 permit. Peges 1 and 2 should be filed within 72 ho Department of Health end Mentel hygiene. Important: if hem 27 is marked other than "natur any injury or other traumatic event, the Medical 2016.	To Be Co	17. Father's Nema (First, Middle Rudolph Bash	•		TOTAL	marke I		ame (First, Middle a Perchi	, Maidan Surnam		
Aary 2 sho end h is me		19a. Informant's Name/Ralation	ship (Type, Print)		19b. Mailing	Address (Street	t and Number or R	Rural Route Numb	er, City or Town,	State, Zip Code)	
Baltimore, Noemit. Peges 1 and 1 Department of Health Mortant: If Nem 27 in the Internation of the Internati		Ashley W. Hol 20e. Method of Disposition 1 □ Buriel 2 ☐ Cremation 4 □ Donation 5 □ Other (3 Removel from State	20b. Plac	e of Disposi	NE 26th tion (Name of atory or other plate) itan Cre	n Avenue,	/Lightho		City or Town, St	
Baltimore permit. Peges 1 Department of I Important: If Ne any Injury or ot		21. Signeture of Funeral/Service	· · · · · · · · · · · · · · · · · · ·	20h			ess of Facility neral & (n Servic	es	
X 68760, antificate be executed him physician and physician and as the buriel-transit	Medical Examiner	immediata Cause (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Causa (Disease or Injury that Initiated events resulting in deeth) Lest	b. Converse	y Br	s a consequence of the consequen	ence of): Divier ence of):	aluri	2		i /s	Days
ecords, P.O. Box to law requires that the death certifi as been signed by the ettending as 2 should be detached for usa as	by Physician/M	Part II. Other significant conditions	ions contributing to death b	out not rasuitii	ng in the und	derlying cause gi	ven in Pert i.		tobacco usa co	ntributa to the ca	ause of death?
he law requires that has been signed to age 2 should be detailed.	Completed							24a. Was	an autopsy ormed?	24b. Were aut evailable completic of deeth?	prior to on of cause
VITAL H								10	Yes 2 No	1 ☐ Yes	2 No
Or Vital K Physician: The I this certificate haral director, page	To Be	25. Was case raferred to medic examiner? 1 Yes 2 No	Hospitel:	ant office	VOutpatient	3□ DOA Ot		eath <i>(Check only</i> Home 5 Resi		or (Canalia)	
0 f f m	Certification: T	27. Manner of Death 1/☑ Natural 5 ☐ Pend	28a. Date of injuing (Month, Deligation	ıry 28	Bb. Time of injury	28c. Inju Wo			how injury occur		
UVISION To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer		4 ☐ Homicide dater	mined 208, PI606 01 III	c. (Specity)			me date and sies	City or To	(Street end Numb wn, State)		rvumber,
To the Hos within 24 h To the Fun compietely	Medical	(Check only 2 Medica 29b. Signature and title of certifi	i Examiner: On the basis of and manner st	f examination eted.	and/or Inva	stigation, in my o	opinion, daeth occ	urred at the time,	data and place,	and dua to the ca	
		30. Nama and address of person	My Attended to the completed cause of cause of				21684		2/2	178	
		30. Nama and address of person V. CYRIAC.				TWY PH	154027	n Mo	21122		
Sta Registr		31. Date filed (Month, Day, Year	1998 32. Hegistr	ar's Signatur	N-Pande	00					



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 Certificate of Death 1. Decedant's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Hannebohr 1300 02 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Modical Center Brestmore Baltimore bulamore Voderans administration 5. Sociel Security Number 7. Age (In yrs. lest birthday) 8. Dete of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign, 54 Months Hours 411-68-5347 OKLAHOMA MAR. 31,1943 Usual Residence of Decedent 10h County 10c. City. Town or Location 10d. Inside City Limits MARYLAND ANNE ARUNDEL 1 Yes Y No GAMBRILLS 10e. Street end Number 10g. Citizen of Whet Country? 10f. Zip Code 2452 SYMPHONY LANE 21054 U.S.A. 12. Was Decedent Ever In U,S. Armed Forces? 1962-1X Yes 2 No If Yes, Give 1982 14. Race - American Indian, Bleck, White, etc. 11 Marital Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 Never Merried 2 Married 1 Yes 2 No Specify: WHITE 1982 3 ☐ Widowed 4 ☐ Divorced Year or Dates 16e. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16h, Kind of Business/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) LANGUAGE ANALYST N.S.A. 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Malden Sumeme) ERNEST HANNEBOHN MARIE MOSS 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MITZI LEE HANNEBOHN (WIFE) SYMPHONY LANE, GAMBRILLS, MD. 21054 20a. Method of Disposition *☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 20b. Place of Disposition (Neme of 20c. Location - City or Town, State cemetery, cremetory or othar plece) MD. VETERANS CEMETERY 4 ☐ Donetion 5 ☐ Other (Specify) 2/5/98 CROWNSVILLE, MD. 21. Signeture of Funerel Service Licensee 22. Name end Addrass of Fecility SINGLETON FUNERAL HOME, 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 23a. Pert1. Entar the disease, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one pausa on each line. Approximete Intervel Between Onset end Deeth Immediate Ceuse (Final disease or condition rasulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disaese or Injury homnomagic shoc thet initieted events resulting in deeth) Lest Due to (or es e)consequenca of) 23b. Dfd tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 dinknown 24b. Were autopsy findings evelleble prior to completion of cause of daeth? 24e. Wes en autopsy performed? 1 Yes 25 No 1 Yes ≥ No

Physician /Medical Examiner

physician

signed by

certificate has been

this

Depertment of Health and N Important: If Itam 27 Is ma any Injury or other traums

Physician

/Medical

Examiner

Funeral

Director

show

7 is marked other than "natural", or items 23e or 28a-f shor traumatic svent, ma Medical Examinar must be notified at

Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mentel Hygiene.

Baltimore, Maryland 21215-0020

Funeral Director

Be Completed by

2

death with the Marylend

The law requires that the death certificete be axecuted

P.O. Box 68760,

Records,

of Vital

Division

or Attending Physician:

Physician/Medical Examiner for use as the bunal-transit signed by the ei 2 page 2 should Completed Be 2 the funeral Medical Certification: After To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Afte completely filled in by the fun

Part II. Other signiffcant conditions contributing to death but not resulting in the underlying cause given in Pert 1.

25. Wes case raferred to medical axaminer?		heck only ona)				
1 ☐ Yes 2 Deo	Hospitel: 1 Inpatiant 2	ER/Outpatient	3□ DOA Othar:	4 ☐ Nursing Home	5 Rasidanca	6 □Other (Specify)
27. Manner of Deeth	28e. Dete of Injury (Month, Dev Year)	28b. Time of	28c. Injury et Work?		Describe how inj	

27 I investigetion 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide

6 Could not be determined Place of Injury - At homa, farm, street, factory, office building, etc. (Specify) 4 Homleide

28f. Location (Street end Number or Rural Route Number, City or Town, Stata)

Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end placa, end due to the cause(s) and menner es stated.

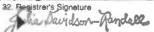
2 Medical Examinar: On tha basis of examination and/or investigation, in my opinion, daeth occurred at the time, date end placa, and due to the cause(s) end mannar stated. 29a. Certifier

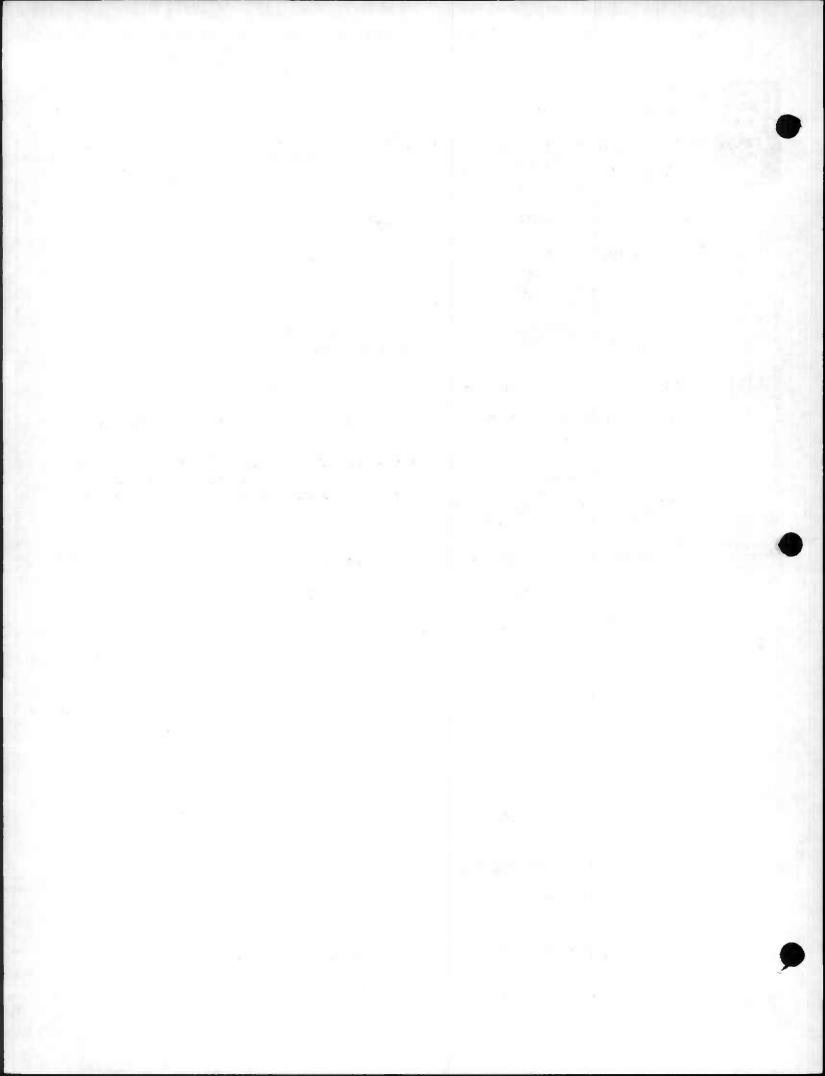
29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)

30. Name and eddress of person who complated causa of daath (Itam 23a) (Type, Print) Jule A. Berry, MD 31. Data filed (Month, Day, Year) N. Greene St baldmore, MO

State Registrar

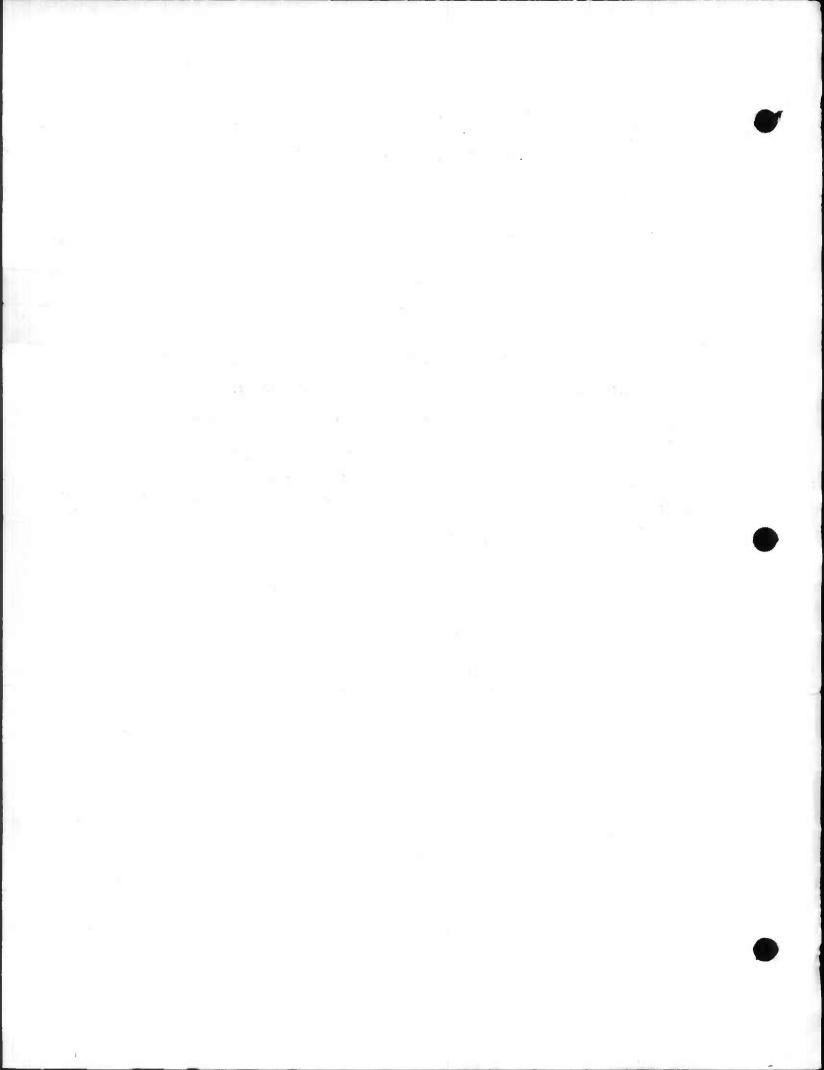
FEB 05





CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) MONTH 1/2 Amis 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH (Month Day, Year 6. AGE (In vrs. last birthday IF UNDER 1 YEAR 28 1 XM 2 | F DAYS HOURS 681 00 9a, FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH INIV. Of Ma IRECTOR medical permit, Pages 1, 2, 3 Bnon RESIDENCE OF DE EDEN 10a. STATE 106. COUNT IOC. CITY, TOWH OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ō **HANOVER** 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? artending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit antal Hygiene prior to burial, cremation, or removal. 7402 LOCUST DRIVE 21076 USA Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian. Black, White, etc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 1 Married 1956-BY 1 TES 2 NO Specify 3 Widowed 4 Divorced 1958 WHITE 9 1S. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade COMPLET Elementary/Secondary (0-12) College (1-4 or 5+) 12 **TEACHER** LUTHERAN PRIVATE CHURCH SCHOOL 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) JACOB ROLAND HELLER notified at BE CATHARINE STINE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ETHEL JEWELL HELLER (wife) 7402 LOCUST DRIVE, HANOVER, MD. þ 20s. METHOO OF DISPOSITION
t [X] Burlet 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must MEADOWRIDGE MEMORIAL PARK 4 Donation S Other (Specify) 2/7/98 ELKRIDGE. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 4 SINGLETON FUNERAL HOME Dearge 1 SECOND AVENUE, S.W., GLEN BURN MD 21061 medicai 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respirate Approximate shock, or heert fellure. List only one ceuse on each line. Interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** the disease or condition resulting in deeth) event, other traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Vehic CAUSE (Disease or injury thet initieted events resulting in death) LAST 0 the atten any injury. PART II. Other significant conditions contributing to death but not reculting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO signed by the COMPLETION OF CAUSE 1 EVES 2 | NO 1 YES 2 | NO this certificate has been with the State Dept. of PHYSICIAN: DID TOBACCO USE CONTRIBUTE TO CAUSE OF DEATH YES ☐ NO ☐ UNCERTAIN ☐ DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? OTHER: flant 2 FR/Outpetient 4 - Nursing Home S - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28 is marked, river 1 YES 2 NO BY anto accider After 1 284. FLACE OF SHJURY - ALD 3. Suicide DIRECTOR: / after COMPLETED ou Item 29a. CERTIFIER To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and FUNERAL (within 72 h HOSPITAL TO THE HOSPITA
TO THE FUNERA
be filed within 72
IMPORTANT: I MEDICAL EXAMINER basie of axamination and/or investigation, in my opinion, death occured at the time, date and place, and THE TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day BE HENRY 2 PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (JVps. Print) 31. DATE FILED Month Bay. Julia Davidson andelle.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 🔾 🎗 AMEND# 20C 2/5/98 cms AACO HEALTH Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death **Physician** GEORGE HAPPEL February 4, 1998 12:00am /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Physicians Memorial Hospital La Plata Charles 5. Social Security Number If Undar 1 Yaar 8. Date of Birth (Month, Day, Ye MARCH 28, 9. Birthplace (State or Foreign 7. Aga (In yrs. last birthday) **Funeral** Year)
3. 1923 MARYLAND 1X M 2□ F Months Days Hours Min. 219-18-0427 74 Yrs. Director Usual Residence of Decedent the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Madical Examples must be notified at 1 ☐ Yes 2 ☒ No Director ANNE ARUNDEL MARYLAND SEVERN 10g. Citizan of What Country? 10e. Street and Number 10f. Zip Code 8061 OUARTERFIELD ROAD 21144 U.S.A. Funeral 12. Was Decedent Ever in U,S.
Armed Forces?
1∑|Yas 2 □ No 1949 −
If Yes, Give
Year or Dates: 1950 Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 1 and 2 should be filed within 72 hours efter (Heelth and Mental Hygiene. em 27 is marked other then "natural", or ite 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2X No Specify: WHITE þ 3 Widowed 4 □ Divorced Completed 15. Decedent's Education 18a, Decedent's Usual Occupation 16h Kind of Business/Industry (Give kind of work dona during most of working life. DO NOT use retired) (Specify only highest grade completed) College (1-4or 5+) N/A Elementery/Secondery (0-12) MAINTENANCE AMTEX 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be HENRY HAPPEL EDNA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) PHILIP W. HAPPEL 8061 QUARTERFIELD ROAD, SEVERN, MD. 21144 (BROTHER) Important: If Item 27 any injury or other tr 20b. Place of Disposition (Nema of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 6 No Burial 2 ☐ Cremation 3 ☐ Removal from State OAK LAWN CEMETERY 2/7/98 DAVIDSONVILLE, MD. 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Fecility SINGLETON FUNERAL HOME, 21. Signature of Funers 1 SECOND AVENUE, S.W., GLEN BURNIE, MD. 21061 v1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** Acute RENAL FAILURE /Medical fmmediate Cause (Final disease or condition resulting in death) Examiner Examiner physician end the burial-transit requires that the death certificate be axecuted Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Dua to (or as a consequence of): ONEUMONI Physician/Medical Due to (or as a consequence of) Part II other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 4 Onknown 3 1 Yes 2 No 3 Probably signed d be del

Box 68760.

P.O.

Records,

Division of Vital

à Completed page 2 the Hospital or Attending Physician: nin 24 hours affar death. the Funeral Director: Affer this certific npletely filled in by the funeral director, Be Certification: To

certificate

ESTINAL BLEEDIN

24b. Were autopsy findings available prior to 24a. Was an autopsy performed? completion of ceuse of death?

1 ☐ Yes 2 ☐ No

1 ☐ Yes 2 No 25. Was cese referred to medicel examiner? 26. Piece of Death (Check only one) Hospital: 1 Impatiant 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No

27. Menner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 ☐ Yes 2 ☐ No Investigation

2 Accident 6 ☐ Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

1 Descritifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, end due to the cause(s) end menner as stated.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the cause(s) and manner steted. 29a. Certifier

all

29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D-44436

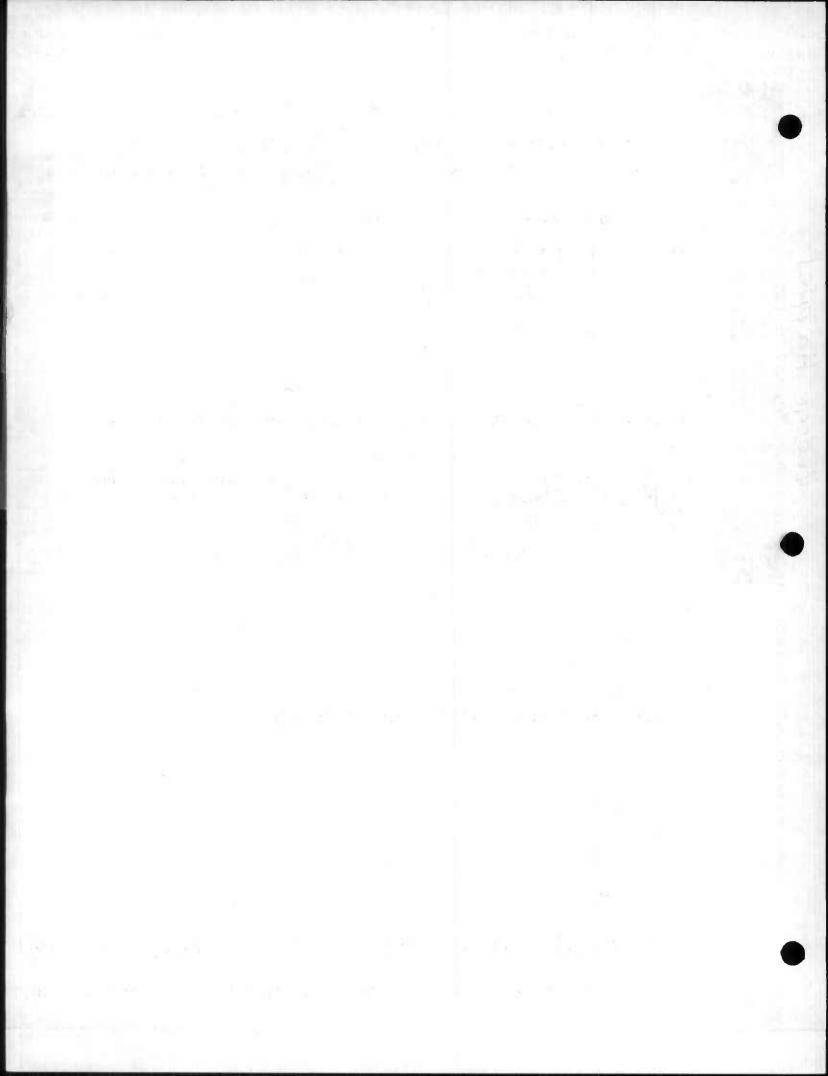
30. Name d address of person who completed cause of death (Item 23a) (Type, Print)

Ashvinkumar Patel M.D. 6 Industrial Park Drive Waldorf, MD 20602 32. Registrar's Signature 31. Data filed (Month, Day, Year) FEB 05

State Registrar

Medical

To the I vithin 2 To the I complet

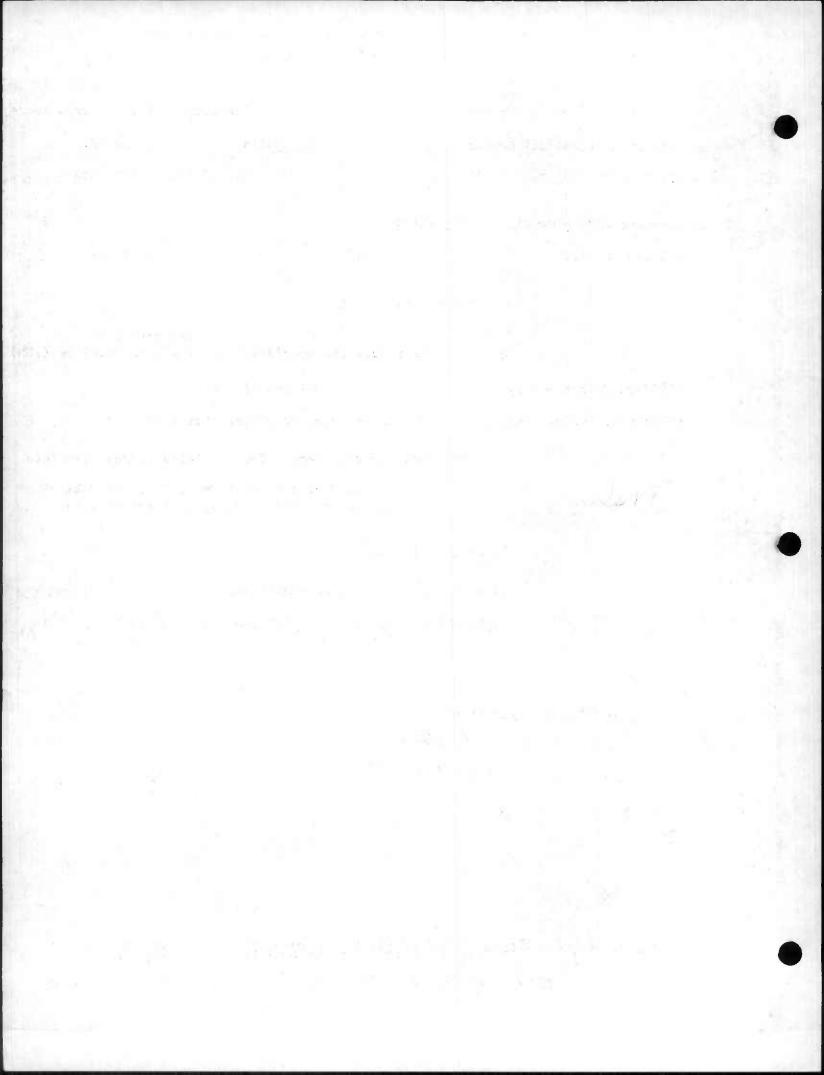


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month ROBERT HURLEY WARREN February 4, 1998 0750 hours /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Daath Examiner Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Year If Undar 24 Hrs. 8. Data of Birth Hours Min. (Month, Day, Year) 7. Aga (in yrs. last birthday) 9. Birthplaca (Stata or Foreign Country) New York 5. Social Security Number 6. Sex **Funeral** Days 1 → M 2 □ F Months 77 Yrs Director May 22,1920 577-38-7709 Usual Rasidance of Decedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Pages 1 and 2 should be filed within 72 hours after death with the Marylar nent of Health and Mental Hygiena.

Int: If Item 27 is marked other than "natural", or itams 23a or 28a-f show ury or other traumatic svent, the Medical Examiner must be notified at 1 ☐ Yas 2 ₩ No Directo Maryland Anne Arundel Edgewater 10e Street and Number 10f. Zin Code 10g. Citizen of What Country? 21037 202 Linden Ave. United States Funeral 12. Was Decedant Evar In U.S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 11. Maritai Status 14. Race - Amarican Indian, Rlack. Whita, atc. 1 Gras 2 No If Yas, Giva Yaar or Datas: 137 to 1 ☐ Navar Married 2 ☑ Married Baltimore, Maryland 21215-0020 1 54 1 □ Yas 2 TNo Specify: White þ 3 Widowed 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona duning most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry International Elementery/Secondary (0-12) College (1-4or 5+) Business Machines (IBM) Communications Specialist 12 4 17. Fathar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Sumama) Be Clifford Warren Hurley Mildred Rising 2 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) (wife) 202 Linden Ave. Edgewater, Maryland 21037 LaVerne B. Hurley 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata Depertment of Important: If I any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) National Memorial Park 2-7-98 Falls Church, Virginia Sarvice Licensaa 22. Nama and Addrass of Facility John M. Taylor Funeral Home, Inc. 147 Duke of 23a. Perti. Enter the disease or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrast, Approximate shock, or heart failure. List only one cause on each line. Approximate Interval Between Onsat and Death Physician /Medical Immediata Causa (Final disaasa or condition resulting in daath) Septic Shock Examiner Examiner aspiration phemonia
bua to (or es a consequence of): or Attending Physician: The law requires that the death certificate be axecuted the buriel-transit cute upper gastrointes/inappleadica Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaase or injury that initiated avants rasulting In daath) Last Box 68760, Physician/Medical Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Chronic 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Kemia þ Recurrent CVAS 24b. Wara autopsy findings availabla prior to completion of ceusa ot deeth? Completed 24e. Wes an autopsy performed? Diabeles melitis page 2 2 certificata 1 ☐ Yes 1 Yas 2 No funeral director, 25. Was cesa refarred to medicel axaminar? Be 28. Plece of Death (Check only ona) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA this 27. Mennar of Deeth 28a. Deta of Injury (Month, Day Year) 28b. Tima of 28d. Describe how injury occurred After 28c. Injury at Work? 1 Matural 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 2 Accidant 24 hours after deat Funeral Director: 6 Could not be datarmined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At home, farm, street, factory, office building, atc. (Specify) in by 4 Homicida Hospital Cartifying Phyaician: To tha bast of my knowledge, death occurred at tha tima, data and place, and dua to the causa(s) and manner as statad.

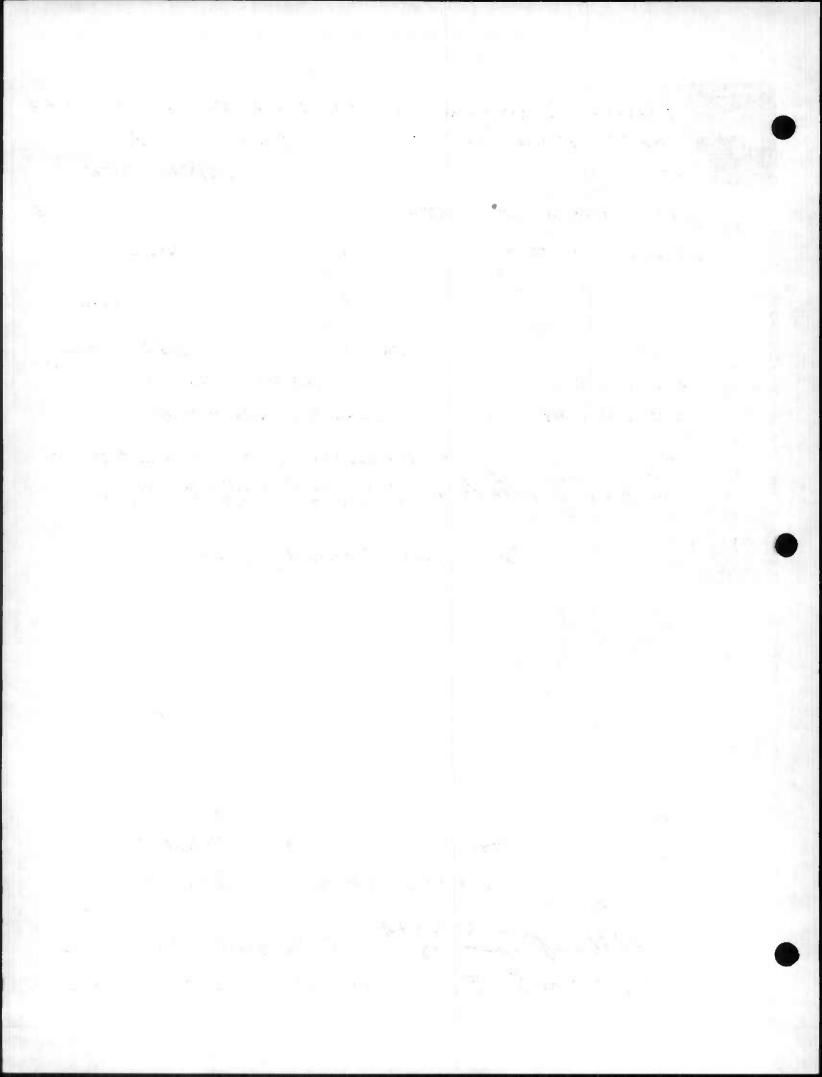
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(s) and manner stated. 29a. Cartifiar Medical completely (Check only one) within 2 To the 29b. Signatura and title of cortifie 29c. License number 29d. Data signed (Month Day, Year) 30. Nama and address of person who complated cause of daath (Itam 23a) (Type, Print) 1340 Wensville Rd West River MD 20778 Kari Alperovitz chell MD 32. Registrar's Signatura State ia Daydson Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. $5 \downarrow 3 \, 8$

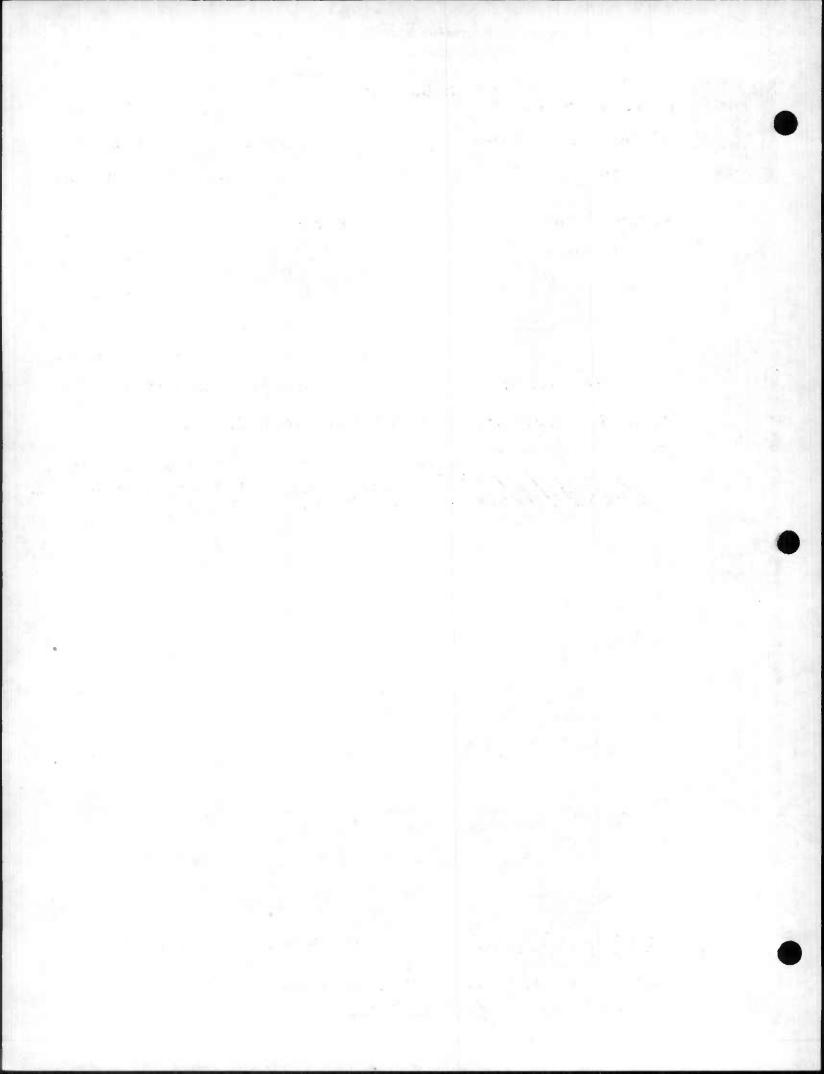
State of Maryland / Department of Health and Mental Hygiene

	Am	mei	nded Item 15 Per I	FH Film G75	56 2-25- 9	ertilica	te of Death	IVICITIAI I TY	Reg. No.		
	Physici /Medi	ian	1. Decedent's Name (First, Middle, L	Edwa	vd	HL	AUINK	2. Date of De Month	Day	Year	Time of Death
ų	Examir	ner	4a. Facility Nama (If not institution, o	ve street end number) OAMOK		+	4b. City, Town, or	Location of Deat	h 4c. County	of Daeth	
	Funeral Director		5. Sociel Sacurity Number 465-66-1453 6.		e (In yrs. lest birtho	Months	ar 1 Yaar If Under 24 Hrs Days Hours Min		1943	9. Birthplace (Country)	Stete or Foreign
	Maryland H show	tor	Usual Residence of Decedent 10a. Stete 10b. County MD ANNE A	RUNDEL	10c. City, Town of SEVERN	or Location					side City Limits
	death with the Maryland	Funeral Director	10e. Street end Number 8235 ROANOAKE	COURT			p Code 1 1 4 4		10g. Citizen of V		
020	ges 1 and 2 should be filed within 72 hours efter death with the Marylar at of Health and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28st show or other traumatic event, the Mod cal Exercite	b	11. Maritel Status 1 Never Married Married 3 Widowed 4 Divorced	12. Was Decedent Armed Forcas? XXYas 2 If Yes, Give Year or Dates:	Ever in U,S.	13. Was Decr if Yes, sp 1 ☐ Yas	edent of Hispanic Origin? (Secify Cuben, Mexican, Puer 2XX) o Specify:	Specify Yas or No to Rican, etc.)	14. Rec Bled Specify	e - Amarican ind ck, White, etc.	dlan,
21215-0020	be filed within 72 hours efter tal Hygiene. d other than "natural", or ite event, the Modical Examina	Completed	15. Decedent's E (Specify only highast g Elementary/Secondary (0-12)	ade completed) College (1-4or	5+) (G)	ecedent's Usi Giva kind of w fe. DO NOT		orking	16b. Kind of Bu	DEVIC 1	
Maryland 2	ould be filed with Mental Hygiene. srkad other than atic event, the M	To Be Co	17. Fether's Name (First, Middle, Las JOSEPH HLAVINK	*	CS		18. Mother's Ne		, Maiden Sumem		
	1 and 2 should Health and Mer am 27 is marks other traumatic		19a. Informant's Name/Raletionship CAROLE HLAVINK		19b. A 8235	ROANC	S (Street end Number or R NAKE CT., SEV	ural Route Numb	er, City or Town, 21144	Stete, Zip Code)
Baltimore,	permit. Pages 1 and Department of Health important: if item 27 any injury or other troppe.		20e. Method of Disposition Buriel 2 Cremation 3 Donation 5 Other (Special Control of Co	Removel from State		cremetory or	eme of other place) E VET. CEM	Date 2/2	20c. Location -		
Balt	permit. Pa Depertmer important: any injury		21. Signature of Funeral Sarvica	Has		RAYMO	ND C. FINK AIN HWY., SW			nD 21061	
			23a. Part1. Enter the disease, of cor shock, or heert failure. List only	nplications thet caused						Appr	oximete vel Batween
	Physician /Medical Examiner	Jr.	Immediate Ceuse (Final disease or condition resulting in death)	. 5h	tguv Due 10 (or es e con		Jourd,	Hen	d	Onse	et end Death
	mecuted and al-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause, (Disease or injury	b	Due to (or es a cor	nsequence of):				
x 68760,	The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be detached for use es the bunat-transit	ledical	Cause (Disease or Injury that initiated events resulting in deeth) Lest	c	Due to (or es a con	sequence of)	:				
. Box	the attendin	Physician/N	Part II. Other algnificant conditions	contributing to death b	ut not resulting in th	ne underlying	ceuse given in Pert I	23b Did	tobecco use cor	atribute to the	rause of death?
s, P.O	lires that the death cer signed by the attendir d be detached for use	by Phys		oon and a second a			oods great in t art.		Yes 2DXNo	3 ☐ Probably	
of Vital Records,	law require nas been sig e 2 should b	Completed						24e. Wes	an eutopsy ormed?	available	on of cause
alF			05 W					10	7	1 ☐ Yes	2 No
N.	Physician: this certific and director,	To Be	25. Wes case referred to medical exeminer? ↑ Yes 2 No	Hospital:	ent 2 ER/Outpe	etient 3 D	Other	eth (Check only	one) dence 6 □Oth	er (Snacifu)	
0	g Phys ter this neral di		27. Manner of Deeth 1 □ Natural 5 □ Pending	28e. Dete of inju	ry 28b. Tim		28c. Injury et Work?	28d. Describe	how injury occurr	ed .	
siol	tendir leath. or: Af the fu	catic	2 Accident investigation	n 1/29/	98 3	М	1 ☐ Yes 2 No		host 5		•
Division	To the Hospital or Attanding Physician: within 24 hours afler death. To the Funeral Director: Afler this certific completely filled in by the funeral director.	Certification:	4 Homicide determined	building, et	ury - At home, ferm (Specify) - Ome	, street, facto	ry, office Ard	28f. Location (City or To	Street end Numb wn, State)		ne Number,
	Hospi 24 hou Funer stely fill	edlcai	29a. Certifier (Check only one) 1 ☐ Certifying P	hysicien: To the best of miner: On the besis of and menner sta	exemination and/o	eeth occurred r Investigation	d at the time, dete end plece n, in my oplnion, death occ	e, end due to the urred et the time,	cause(s) end me date end place,	enner es steted. and due to the c	ause(s)
	within (₩ W	29b. Signature and title of certifier	and member sta	Depus	44 29	C. Licensa number		29d. Date signed	d (Month, Day, 1	Year)
			William	p. A	Cuc	/	D060	54	1/2	-9/9	8
			30. Neme end eddress of person who	completed oxuse of d	eeth (item 23e) (Ty	rpe, Print)	D060 695	Am	eri-	491	175
	Sta		31. Date filed (Month, Dey, Year)		ar's Signature	402		1 1100			



State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 4 3 9

						Cert	ificate of	Death		Reg.	No.		J 4 0	
	Discorto		1. Decedent's Name (First, Middle, L.	Florence	Virgin	ia H	urtt		2. Date Mor	of Death	Dev	Year	3. Tlm€	of Death
	Physic /Medi		Florence Viv	ginia Hav	#				Fe	-		1998	9:0	5 AM
	Exami		4e. Facility Name (If not institution, gi 5920 Main Stree	The second secon)				n, or Location o	of Death	4c. County			
	Funeral Director			Sex 7. Age	(In yrs. last bii 75	rthdey) Yrs.	If Under 1 Year Months Days		Min. (Moi	e of Birth oth, Dey, Ye 18,	er)	9. Birthp	lace (Stete try)	te or Foreign
	wow #		10a. State 10b. County		10c. City, Tow	n or Loca	ation					1	0d. Inside	Clty Limits
	the Man 28a-f sh	Director	Maryland Ken	t			Roe 10f. Zip Code	ck Hall		100	Citizen of	What Cour		es 2 No
	23e or	rai Di	5920 Main Stree					561				J.S.A.		
21215-0020	d within 72 hours efter deeth with the Maryland jiene. I than "naturat", or items 23s or 28s-f show the Modes Evantmer must be not fed at	by Funerai	11. Marital Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent E Armed Forces? 1 Yes 2 XN If Yes, Give Year or Dates:			as Decedent of Yes, specify Cul ☐ Yes 25 No		n? (Specify Yes Puerto Rican, e	s or No- tc.)	Bla	ce - Americo ck, White, V: Whit	etc.	
5-0	72 hc	Completed	15. Decedent's E (Specify only highest gr		16e	(Give ki	nt's Usual Occu	during most o	of working	166	. Kind of B	usiness/Ind	dustry	
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Maryland	should be filed and Mental Hygi marked other matic event, tr	Be C	William Henry C						Elizat					
ž	d 2 should the end Men 7 is marks traumatic	10	19a. Informent's Name/Relationship		196	. Mailing	Address (Stree						Code	
	of the		Virginia E. Hurt	* * * * * * * * * * * * * * * * * * * *			Box 502				1661	Oldro, Zip	0000)	
Baltimore,	of T		20a. Method of Disposition 1XXBuriel 2 Cremation 3 [4 Donation 5 Other (Special		20b. Place o cemete	f Disposi ry, creme	tion (Neme of story or other pla	ece)	Date	200	. Location -			
E	그 투원를		21. Signature of Furnital Service Lice		Wester	22.	Netery/I	ess of Facility						
ä	Deper Impor		23a. Pert1. Enter the disease, or gen shock, or heart failure. List only	lelfule	٧	Fel Rou	llows, H	lelfenb Rock H	ein & Nall, Ma	Wewnam	Fune d 216	ral H	lome,	P.A.
V	Physician		23a. Pert1. Enter the diseese, or son shock, or heart failure. List only						erdiac or respire	etory arrest,			Approxim Interval B Onset en	Between
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	a. Cardi	o Respi	ivat	ory Arv	art				E	1 han	-
п		-	resulting in deathy		Due to (or as a	conseque						1.	1	,
	ted nsit	nin		D	duatio		9						Iwe	22/5
60,	be execu ician and bunal-tra	ai Examiner	Cause (Disease or Injury thet initiated events resulting in deeth) Last Due to (or as e consequence of):										184	courtes
x 68760,	eath certificate be executed ettending physician and for use es the burial-transit	≥												•
D. Box	s death on the etten sed for u	sician	Pert II. Other significant conditions	ontributing to death bu	t not resulting in	n the und	ferlying ceuse g	iven in Pert I.	23	b. Did tobac	co use co	ntribute to	the caus	e of death?
s, P.O.	requires that the death seen signed by the etter hould be deteched for u	by Phy	HTD, CVA, DVT				0,			1 🗆 Yes	2□ No	3 Prot	ably 4	Unknown
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	2 00	2	1 ☐ Yes 2 No 27. Manner of Death	Hospitel: 1 Inpatier	-		3LI DOA		ing Home 50				1)	
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Division of	or Attanding effer death. Director: After in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined		ry - At home, fa (Specify)	rm, stree		168 2010	28f. Loc	ation (Street or Town, St		er or Rure	Route M	um <i>ber</i> ,
	spital	edical Ce	29e. Certifier (Check only one) Certifying Ph	ysician: To the best of niner: On the basis of and manner stat	examination an	, deeth o d/or inve	occurred at the t stigation, In my	me, date end popinion, death	plece, end due occurred et the	to the ceuse time, date	e(s) end ma end place,	anner es st and due to	ated.	Đ(S)
	To the Ho within 24 I To the Fu completely	Me	29b. Signature and title of certifier	and the state of t			29c. Licen	se number		29d.	Date signe	d (Month,	Dey, Year)
	->-0		1 Dal Park	Denson			Dog	5099	6					
,		5	30. Name and eddress of person who								(
			Neil Stoddard 31. Date filed (Month, Dey, Year)	MD, 100 Br	own St	reet	, Chest	ertown,	MD 2:	1620				
	Sta Registr	-	FEB 10 '9		ha Davidso	n-Pa	ndell							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 3 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** February 1998 3:15 AM HARDMAN MILDRED IRENE /Medical 4a. Fecility Nema (II not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner FREDERICK MEMORIAL HOSPITAL FREDERICK FREDERICK If Under 1 Year Months Deys If Undar 24 Hrs. Hours Min. 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (State or Foreign Country) Hours 1 □ M 2 1 F Yrs. 82 HUNTERSTOWN, PA 214-36-0776 MAY 5,1915 Usual Rasidance of Dacedant 10a. Stete 10b. County 10c. City, Town or Location 10d. insida City Limits Director 1 ☐ Yas 2 No MARYLAND FREDERICK 9415 WAYNESBORO PIKE, EMMITSBURG 10e. Street and Number 10g, Citizen of What Country? 9415 WAYNESBORO PIKE 21727 U. S. A. Funeral 14. Race - Amarican Indian, Black, Whita, atc. 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Maxican, Puarto Rican, etc.) 1 ☐ Yas 2 🕅 No If Yas, Giva Yaar or Dates: 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: Specify: by 3 ₩ Widowad 4 Divorced WHITE Completed Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry ST. JOSEPH'S Elamantary/Secondary (0-12) Collega (1-4or 5+) 8 FOOD SERVICE PROVINCIAL HOUSE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be 10 EARL HARMAN JANE E. GALLOWAY 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 8428 HEMLER ROAD, THURMONT, MD. 21788 FRANCES A. EYLER, DAUGHTER 20b. Placa of Disposition (Nama of camatary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) EMMITSBURG MEMORIAL 2/5/98 EMMITSBURG, MD. 21727 21. Signature of Funaral Sarvice Licansae 22. Name end Addrass of Facility SKILES FUNERAL HOME 210 W. MAIN ST., EMMITSBURG, MD. 21727-0427 23a. Part 1. Enter the disease, or complications that caused tha death. Do not enter the mode of dying, such as cardiac or raspiratory arrast, or haart failura. List only one cause on each line. Approximete Interval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) a Renal Failure / Ure
Dua to (or as a consequence of): WKS Physician/Medical Examiner MOS Sequantially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaase or Injury that initiated avants rasulting in daath) Last rulmonale 4 45 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Minknown Completed by 24a. Was an autopsy performed? 24b. Wera autopsy findings aveilabla prior to complation of causa of death? 2 NO 1 Tas 1 ☐ Yas 2 ☐ No 25. Was casa rafarrad to medical axaminar? 86 26. Placa of Death (Check only ona) Hospital: 2 No Othar: 4 Nursing Homa 5 Rasidanca 6 Othar (Specify) 1 ☐ Yas Medicai Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Manne of Death 28a. Data of tnjury (Month, Day Yaar) 28d. Dascribe how injury occurred 28b. Tima of 28c. Injury at Work? 1 Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 - Homicida 29a. Cartifian 1🗹 Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. 2 Medical Examinar: On the basis of axamination end/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar 29c. License number 29d. Dete signed (Month, Dey, Year)

Box 68760 Division of Vital Records, P.O.

been si page 2 s has certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, i

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic svent, the Medical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23a any Injury or other traumatic event, the Modical Examiner must once.

Physician /Medical

Examiner

physician and the bunal-transit

3altimore, Maryland 21215-0020

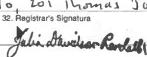
State Registrar

DHMH 16 Rev 6/95

G.

trancis

31. Data filed (Month, Day, Year)



M.D.

1747679

201 Thomas Johnson Once, Frederick, Md

2,2,1998

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Gvillo



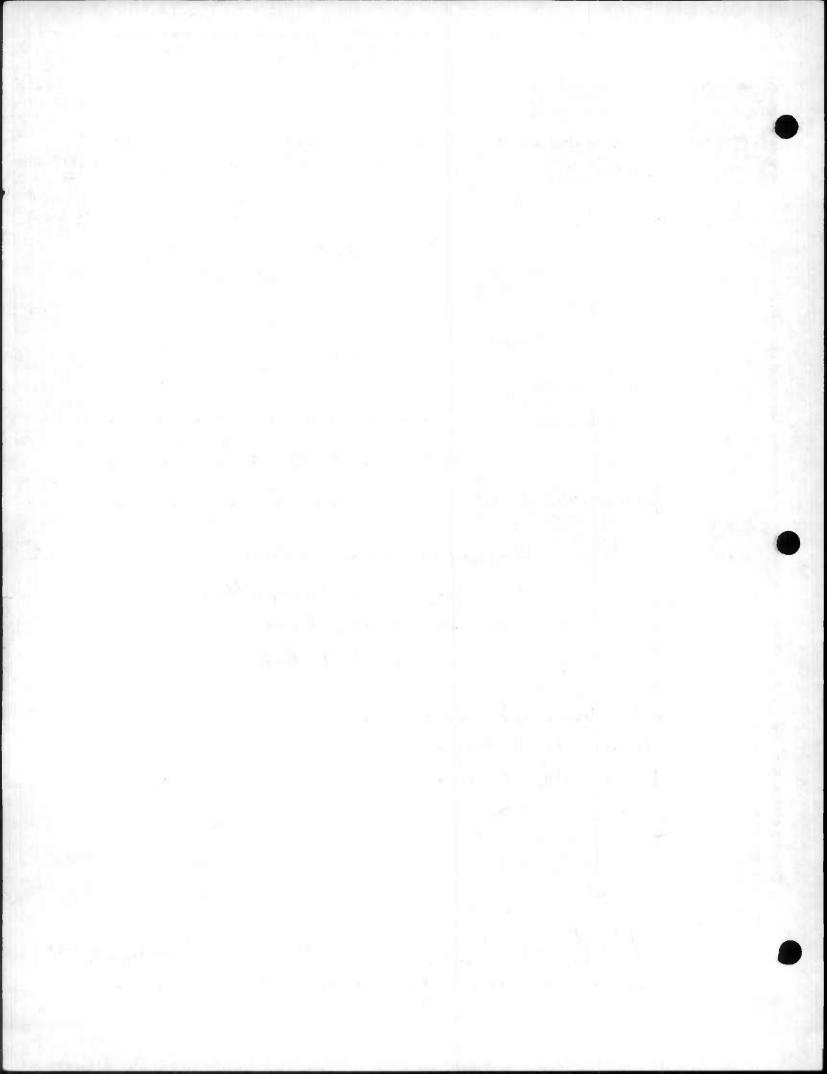
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1 Decedent's Neme (First Middle Last) 2. Dete of Deeth 3 Time of Death Physician HUSE 11:34AM JANUARY 1998 31 /Medical 4c. County of Deeth 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deethy Examiner Takoma Park Washington Adventist Hospital Montgomery County If Under 1 Year | If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** 1 M 2 □ F Yrs. Director 217-32-5203 61 Feb. 16, 1936 | Maryland Usual Basidance of Decadeni with the Meryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits item 27 is marked other than "natural", or items 23s or 28s-1 show other treumstic event, the Medical Examiner must be nothlist at 1 K Yes 2 □ No Director Maryland Montgomery Takoma Park 10e Street and Number 10f. Zip Code 10g. Citizen of Whet Country? permit. Peges 1 and 2 should be filed within 72 hours efter death v
Department of Health and Mentel Hygiene.
Important: If itam 27 is marked other than "natural", or items 28a
and injury or other treumstic event, the Medical Experimentation. 50 DePaul Street USA 21727 12. Wes Decedent Ever in U,S. Armed Forcaş? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indien, Bleck, White, etc. 1 □ Never Merried 2 □ Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: þ 3 ₩ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind ot Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Laborer Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Earl Leroy Huse Elsie Rebecca Wiles 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles W. Huse, brother 11216 Old Frederick Road, Thurmont, Maryland 21788 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removei from Stete 2/4/98 4 Donetion 5 Dother (Specify) Faith United Church of Christ Cem, Frederick, MD 21. Signature on Funerel Service License 22. Name end Address of Fecility Stauffer Funeral Home 1621 Opossumtown Pike, Frederick, DM 21702 inplications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, one cause on each line. 23e. Pert1. En or the disease, or comshock, or leert teilure. List only Approximete Interval Between Onset end Deeth **Physician** /Medical tmmediete Ceuse (Fine diseese or condition resulting in death) 10 Examiner Due to (or es e consequence of): Examiner ician and burial-trans Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events southing in death). Due to (or es e consequence ot): Box 68760. attending physician for use es the buris Physician/Medical Due to (or es e consequenca of): resulting in deeth) Lest ed by the a 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert I. Records, P.O. signed by t 1 Yes 2 No 3 Probably 4 Unknown 1/201 à 24b. Were eutopsy tindings aveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed page 2 certificate 1 ☐ Yes 2 ☐ No Division of Vital director. 25. Wes cese referred to medical examiner? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No 10 1 Inpatient 2 □ ER/Outpetient 3 □ DOA this 27. Menner of Deeth 28e. Dete of Injury (Month, Day Yeer) funeral 28b. Time of 28d. Describe how injury occurred Ne Hospital or Attanding P n 24 hours efter death. Ne Funeral Director: After t Certification: 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 28t. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 🛣 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted. Medical (Check only 2 Medicat Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. within 2 To the 29c. License number 29d. Dete signed (Month, Dey, Year) d bause of deeth (Item 23e) (Type, Print) NEW HAMP. ANG. N.W. WASH. D.C. 20009 32. Registrer's Signeture State Registrar

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 98 05442

						Cert	ificate of	Death			Reg. No.) (944	4
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Herry J. Fan

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Death **Physician** Month 0800 GIVN /Medical 4a. Fecility Nema (If not institution, give street end number 4b. City, Town, or Location of Death **Examiner** ANNE ARUNDEL MEDICAL CENTER ANNAPOLTS ANNE ARUNDEL If Undar 1 Year 8. Data of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthdey) Birthplece (Stata or Foreign Country) **Funeral** 10XM 20XF Months Days Hours 54 Vrs Director 218-40-9342 MARCH 13 1943 MARYLAND Usuel Rasidance of Decedent 10a. Stata 10b. County 10c. City, Town or Location 28a-f show Director MARYLAND ANNE ARUNDEL CROWNSVILLE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country?

with the Marylend traumatic event, the Medical Examiner must be notified at ò 23a Hems 72 hours after 3altimore, Maryland 21215-0020 "natural", or

permit. Pages 1 and 2 should be filled within 721 Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "netu any lojury or other traumatic event security."

Physician /Medical Examiner

The lew requires that the death cartificete be executed

Box 68760

P.O.

Records,

Division of Vital

Examiner physician end the burial-transit Physician/Medical ettending for usa as signed by the e þ should Be Completed paga 2 To the Hospital or Attending Physician: within 24 hours efter death.

To the Funeral Director: After this cartifice complately filled in by the funeral director, t Certification: To

10d. Insida City Limits XXYes 2□No P.O. BOX 179 21032 US Funeral 12. Wes Decedant Evar in U.S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 11 Maritel Stetus 14. Race - Amarican Indian, Black, White, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 ŽNo If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 X No Specify: BLACK by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementery/Secondery (0-12) Collaga (1-4or 5+) 12th 2 yrs. DIRECTOR MEDICAL RECORDS CROWNSVILLE HOSPITAL 18. Mothar's Nama (First, Middla, Maidan Sumama) 17. Fathar's Name (First, Middla, Last) Be MUDDICK JOHNSON FRANCES E. JONES 19a. Informant's Name/Raletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MARY L. JONES (COUSIN) 117 UPSAL STREET SE WASHINGTON, D.C. 20032 20b. Place of Disposition (Nema of cemetery, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town. Stete 1 ☑ Buriel 2 ☐ Cramation 3 ☐ Removal from Stata 4 ☐ Donation 5 ☐ Othar (Specify) ANNAPOLIS MEM. GARDENS 2/4/98 ANNAPOLIS, MD. 21. Signatura of Funaral Sarvice Licensee 22. Nama and Addrass of Facility WM. REESE & SONS MORTUARY, P.A. Leas 821 WEST ST. ANNAPOLIS, MD. 21401 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intarval Batw Onset end D Immediata Cause (Final disease or condition rasulting in deeth) Sequantially list conditions, if eny, laeding to immediata causa. Entar Undarlying Causa (Disaasa or Injury that initiated avents resulting in daath) Last Dua to (or as a consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the causa of death? Renal 1 1 No 3 ☐ Probably 4 ☐ Unknown 24b. Ware eutopsy findings available prior to complation of cause of death? 24a. Wes an autopsy performed? 1 Yes 1 ☐ Yas 2 ☐ No 25. Was casa raferred to medical 26. Pleca of Daath (Check only ona) exeminar? Hospital: Other: 4 ☐ Nursing Homa 5 ☐ Rasidance 8 ☐ Other (Specify) 1 ☐ Yas 2 집 1 Department 2 ER/Outpatient 3 DOA 27. Mannar de Sath 28b. Tima of 28a. Data of Injury (Month, Day Year) 28c. Injury et Work? 28d. Dascribe how Injury occurred 5 Pending invastigation 1 Natural 1 Tas 2 No 2 Accident 6 Could not be datarmined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28e. Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 - Homicide 29a. Cartifier Medicai 1 🔍 😅 ritying Physician: To tha bast of my knowledge, death occurred at tha tima, data and place, and due to tha causa(s) and mannar as stated (Check only one) 2 Madical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) end manner stated. 29b. Signetura and titla dispertifie 29c. Licansa number 29d. Date signad (Month, Day, Year)

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> > 32 Ragistrar's Signatura

Davidson

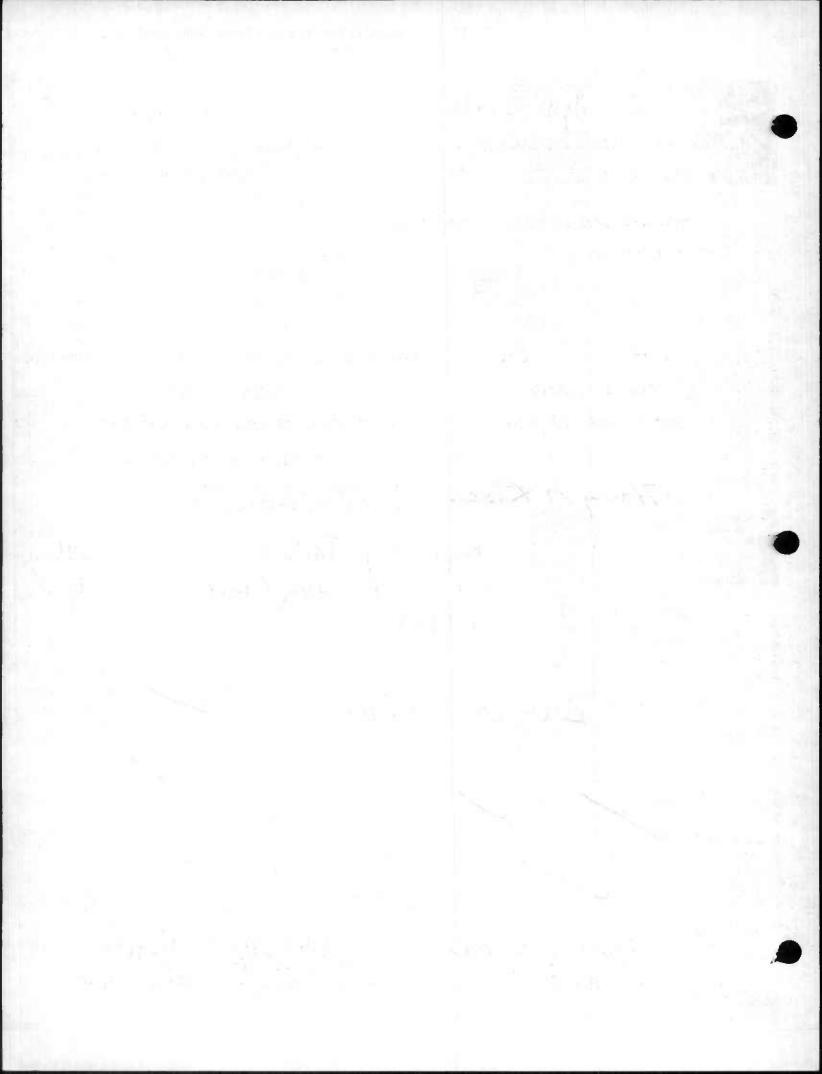
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State Registrar

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FEB 04 1998

DHMH 16 Rav 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death **Physician** Month Veer CHRISTOPHER JOHNSON 1998 /Medical 4:30 am 4a. Facility Name (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** 623 ROUNDVIEW RD. BALTIMORE BALTIMORE CITY 5. Social Security Number 6 Sex If Under 1 Yaar If Under 24 Hrs. 7. Age (In vrs. lest birthday) 8. Data of Birth (Month, Dey, Year) Birthplace (Stete or Foreign Country) **Funeral** 1₩ 2□ F Months Days Hours 220-16-8694 74 Yrs. Director 3 1923 LOTHIAN, MD. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at 1 No Yes 2 No Director CITY MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 9 238 US 623 ROUNDVIEW ROAD 21225 death Funerai items : 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No 13. Was Dacedent of Hispanic Origin? (Spacify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. 11 Marital Status filed within 72 hours after 1 □ Never Married 2 □ Married Baltimore, Maryland 21215-0020 If Yes, Give Year or Dates: "natural", or 1 ☐ Yes 2 X No Specify: BLACK p 3 K Widowed 4 □ Divorced Be Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Induatry (Specify only highest grede completed) and Mental Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) 7th BUILDING MAINTENANCE US NAVAL ACADEMY 17. Fathar's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) Pages 1 end 2 should be nent of Health and Mental BERTHA HOY 0 WILLIAM JOHNSON 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) permit. Pages 1 end 2: Department of Health at Important: If Itam 27 is any injury or other traugues. CYNTHIA FAULKNER 623 ROUNDVIEW RD. BALTIMORE, MD. 21225 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, State to Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BALTIMORE NATIONAL CEMETERY 2/5/98 BALTIMORE, MD. 21. Signature of Funeral Service Licensea 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. 0000 821 WEST ST. ANNAPOLIS, MD. 21401
23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset and Death Physician COPD /Medical sta Immediate Cause (Final 92 Uhrkown disease or condition resulting in death) Examiner Examiner The law requires that the death certificate be axecuted bunal-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the burial Box 68760. Physician/Medicai Due to (or as a consequence of): Se esn for P.O. P Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No signed b Records, þ paga 2 should Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of causa 1 Yes 2 1 No 1 ☐ Yes 2 ☐ No of Vital Physician: Be the funeral director, 25. Was cese referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 25 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Dey Yeer) Certification: 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? Aftart Division or Attanding 5 Pending investigation 1 Natural Injury death. 1 ☐ Yes 2 ☐ No 2 Accident efter death 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 6 Could not be determined 3 Suicide I in by t 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medicai within 24 hor To the Fune completely fi (Check only one) the th 29b. Signature and title of certifier 29c. Licanse number 29d. Data signed (Month, Dey, Year) M.D 046596 98 ans 3 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

TAYASHREE AMBLE, 606 HAMMONDS LANE, BALTIMORE M.D. 21225 606 31. Date filed (Month, Day, Year) FEB 0 4 1998 32. Registrar's Signature

ina Davidson-Randese

State

Registrar

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fulheral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.

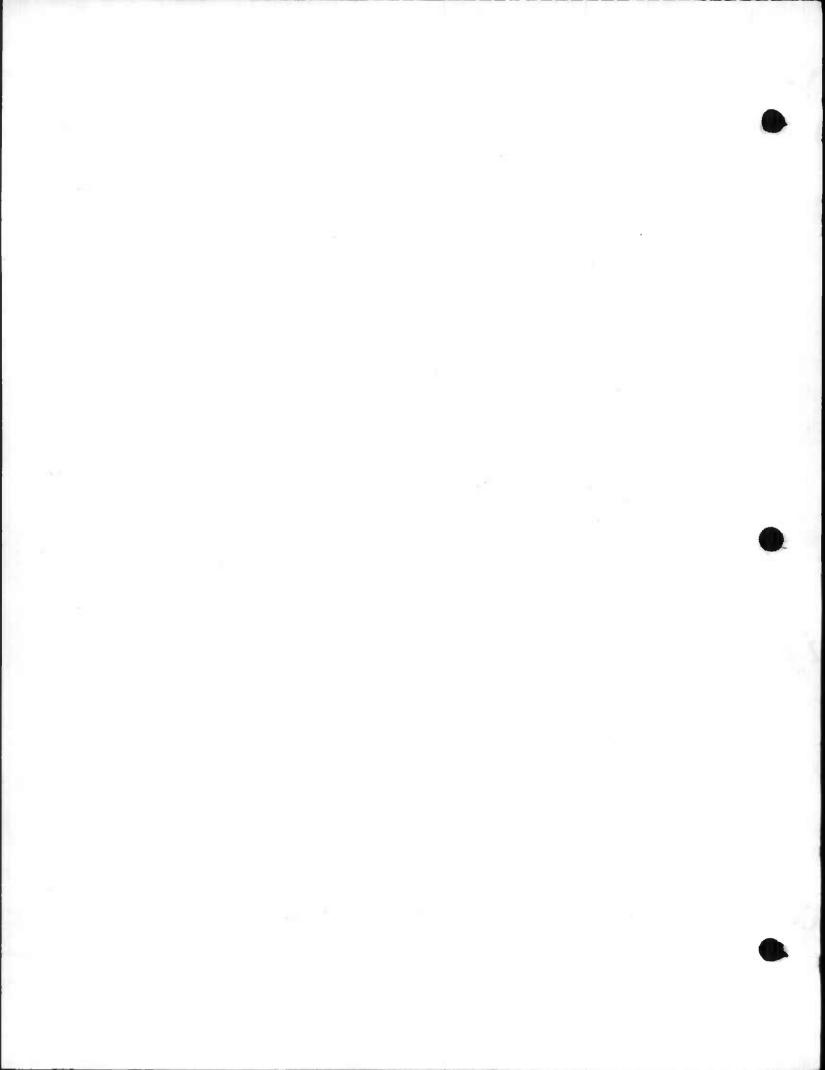
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL

	1 - STATE REGISTRAR	OTATE OF T	C		ICATE				MENIA	REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH		5-3	3. TIME OF DEATH
	ANNA REGINA JIRO	UT							FEBI			998	2:30PM M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1		IF UNDER			OF BIRTH		8. BIRTH	PLACE (State or Foreign
	213-18-1595	1 🗆 M 2 🖰 F	7	9 YRS.	MONTHS	DAYS	HOURS	MIN.	JULY	, Day, Year) 22,	1918	MARY	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, 1	TOWN O	R LOCATI	ON OF DE				JNTY OF D	
DIRECTOR	MILLENIUM HEALTH				GLEN	BUI	RNIE				ANN	E ARI	UNDEL
ដ្ឋ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	y		10c, CIT	Y, TOWN OR	LOCATI	ÓN						10d. INSIDE CITY
E	MARYLAND ANNE	ARUNDEL			INTHI		0.,						LIMITS?
	10e, STREET AND NUMBER	ARCHDEL		ь	INTIII	_	ZIP COD	E		_	10g, CIT	TIZEN OF V	VHAT COUNTRY?
FUNERAL	601 SHIPLEY RD.					2	1090				U.S		
N	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AT	RMED		AS DECE	NOENT C			7 (Specify Yea		14. RACE	— American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 X	NO			city Cuba 2 A NO		in, Puerto F y:	lican, atc.)		Speci	WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade				USUAL OCC				16b.	KIND OF BUS	SINÉSS/IN	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5-NONE	+)	o. Do NOT u	se retired.)	ring mos	COF WORKS	ry					
MP	6	NONE	HOM	IEMAK	ER				01	WN HOM	E		0.00
8	17. FATHER'S NAME (First, Middle, Last)					- 1				Aiddle, Maiden	Sumame)		
BE	JOHN GRAB								ARLE				
10	190. INFORMANT'S NAME (Type/Print) MARY C. HARRINGTO	n Æ AUGHTI								UM, MA			1090
	20a. METHOD OF DISPOSITION				OF DISPOSIT				OATE			- City or To	
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from Stata	- CHESA	PEAKI	ther place) CREN	MATC	RY '	INC.	2-4-	-1998			LLE, MD
	21. SIGNATURE OF JUNERAL SERVICE LICENSEE CHESAPEAKE CREMATORY INC. 2-4-1998 BELTSVILLE, MD 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, PA												AL HOME, PA
	11/10	The state of the s											MD 21061
	Approximate interval disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate interval Between Onset and Daath disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions b. Metabolic Acidosis												
CERTIFICATION	ooquaritiany nat containona,	b. DUE TO	(OR AS A CONSE	O L	C /	4	10	051	<u></u>				houn
AT	if any, leading to immediata cause. Entar UNDERLYING		Sep	545	,								124 hour
Ĭ.	CAUSE (Disease or injury that initiated events	OUE TO	(OR AS A CONSE	QUENCE O									
FE	resulting in death) LAST	a. ASA	irat	167	\ /	pr	rev	in	01	119			Sangs
	PART ii. Other significant condition	a contributing to	death but not	rasuiting	in the und	eriving	Causa (niven in	Part i	24s. WAS AN	AUTOREV	245	WERE AUTOPSY FINDINGS
EDICAL	recurrent	stro	1		iii die die	citying	00000	givair iii		PERFOR	MED?	- 240	AVAILABLE PRIDE TO COMPLETION OF CAUSE
	7000				-11		/		_	1 YES 2	P-100		DF DEATH?
Σ.	DID TOBACCO USE CONT	PIRLITE TO CA	LISE OF DEA	\TH VI	S \square N	0 12	LINIC	ERTAIN					1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	CIDOTE TO CA			TH (Check on		OIAC	LKIAII	4 LJ				
Sic	EXAMINER?	HOSPITAL:	ER/Outpetlant 3	3 DOA	OTHER:	na Homa	5 🗆 Ra	sidence	6 Other	(Specify)			~ ~ ~ ~ ~
PHYSICIAN: M	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF (Month, E		26b. TIM	7	8c. INJU	RY AT			CRIBE HOW II	NJURY OC	CCURED	
ED BY	2 Accident Investigation 3 Suicida 6 Could not be 4 Homicide determined	28a. PLACE C building,	OF INJURY — At he etc. (Specify)	ome, farm,	street, factor	y, office				ATION (Street e or Town, State)	and Numbe	er or Rural F	Route Number,
9	29a. CERTIFIER	01411 7-11-1-1						!					
COMPLET	(Check only one) 2 MEDICAL EXAMINE	ICIAN: To the best of) and manner as stated.
腸	296, SIGNATURE AND TITLE OF CERTIFIE	arbelo.	M.D-			П	29c. LICI	ENSE NUN	ABER 76	7	29d. OA	TE SIGNED	(Month, Day, Year)
임	30. NAME INO ADDRESS OF PERSON WH	S Ranhe	SE OF OEATH (ITE	M 27) (Type	Print) 8	R	a1+	m D/	p A	wasp	olis	BINO	Paradery
	31. DATE FILEO (Month, Day, Year)		AR'S SIGNATURE		1.0		-1.11	, ,	//	1		10.	714 21124
	FEB 0 5 199	8 Julia	Davidson-	Pandel	200								
		11		-									



State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Dacadant's Nama (First, Middla, Last) 2. Deta of Daath 3. Time of Death Day **Physician** Month Year Johnston 17:13 James Ashlev February 2 1998 /Medical 4a. Facility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner Johns Hopkins Hospital Baltimore If Undar 24 Hrs. If Under 1 Yaar 5. Social Sacurity Number 8. Data of Birth (Month, Day, Yaar) 7. Aga (In yrs. last birthday) **Funeral** Birthplaca (Stata or Foraign Country) Deys Min. Months 1 № M 2 🗆 F Hours Yrs 47 Director 213-58-7883 January 8,1951 Maryland Usual Rasidance of Decedant death with the Maryland Pages 1 and 2 should be filed within 72 hours after death with the Marylann nant of Health end Mantel Hygiene.
ant: If item 27 is marked other than "natural", or items 23a or 28a-1 show ury or other traumatic event, the Mantel Examination must be not red 10a, Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yas 2 No Funeral Director Maryland Frederick Frederick 10e, Street end Number 10f. Zip Code 10g. Citizan of What Country? 5808 Planters Ct. 21703 United States 13. Was Decedent of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 12. Was Decedent Ever in U.S. 14. Raca - American Indien, Armed Forcas Black, Whita, atc. 1 Navar Marriad 2 Married 1 ☐ Yas 2 If Yas, Giva 2 No Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: Specify: Completed by 3 Widowed 4 Divorced Year or Datas: White 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacadent's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) 12 Receiving Manager Steel Company 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be 2 Robert W. Johnston Evelyn Unknown 19a. informant's Name/Reletionship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Cindy L. Johnston/ Wife 5808 Planters Ct. Frederick Maryland 21703 20b. Place of Disposition (Name of cematary, cremetory or othar place) 20e. Mathod of Disposition Data 20c. Location - City or Town, Steta 1 ☑ Buriai 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any injury or once. 4 ☐ Donation 5 ☐ Othar (Specify) Mt. Olivet Cemetery 2/5/98 Frederick, Maryland 21. Signature of Falneral Service Licensee 22. Nama and Addrass of Facility Olin L. Molesworth P. A. Funeral Home 26401 Ridge Road, Damascus, Maryland 20872 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete intarvel Between Onset end Death **Physician** /Medical Immediata Causa (Finel Bovel ischemia 10 hours disaase or condition rasulting in death) **Examiner** Dua to (or as a consequence of): Examiner Panercatchis 2 weeks The law requires that the death cartificete be executed burial-transit Sequantially list conditions, if eny, laading to immadiata cause. Entar Undarlying Causa (Disease or injury that initiated avents rasulting in daath) Last Dua to (or as a consaguance of) P.O. Box 68760, 2 weeks Acute renal failure Physician/Medical the Due to (or as a consaquenca of): 88 Ö ed by tha e Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown Records, signe 1 be d by 24b. Wera eutopsy findings evailabla prior to Completed 24a. Was an autopsy performad? complation of cause of death? pege 2 1 □ Yas 2 ☑ No 1 Yas 2 No cartificata Division of Vital ial or Attanding Physician: The saftar death.

In Director: After this cartificate ed in by the funeral director, pe Be 25. Was casa rafarrad to medical 26. Placa of Death (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) 1 Yas 2 No 2 28a. Deta of Injury (Month, Day Year) 27. Manner of Death Certification: 28b. Tima of 28d. Describe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding 1 Yas 2 No investigation 2 Accident 3 ☐ Suicida 6 Could not be datarminad 28a. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 24 hours at Funeral Dietely filled in Hospital To the Hosp within 24 hos To the Fune completely fi Medicai 29a. Cartifiar 1 Certifying Phyaician: To tha best of my knowladga, daath occurred et tha tima, data and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, data and place, and due to the ceuse(s) and menner stated. 29b. Signatura and titla of certifiar 29c. License numbar 29d. Data signed (Month, Day, Year) RES-000 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) February 2, 1998 Johns Hopkins Hospital 600 North Wolfe Street, Baltimore, Maryland 31. Data filed (Month, Dey, Year) 32. Registrar's Signatura State Jalia Davidson Rank Registrar - 1998

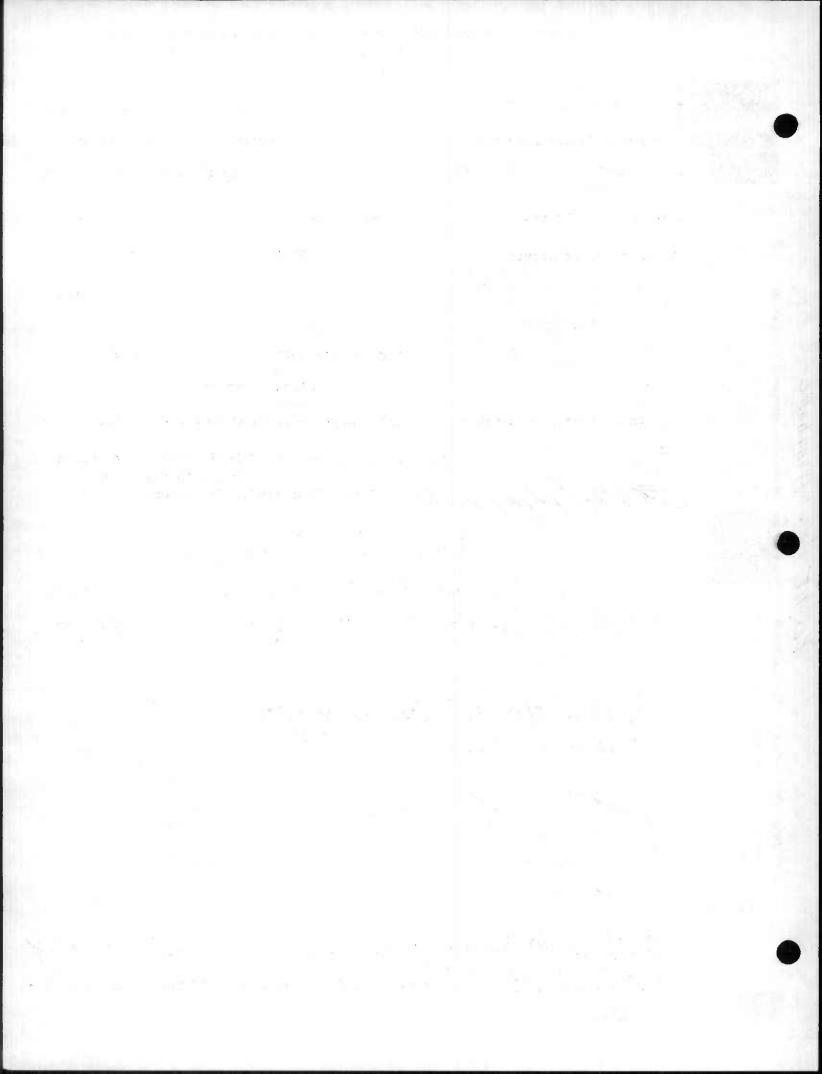
DHMH 16 Rev 6/95

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

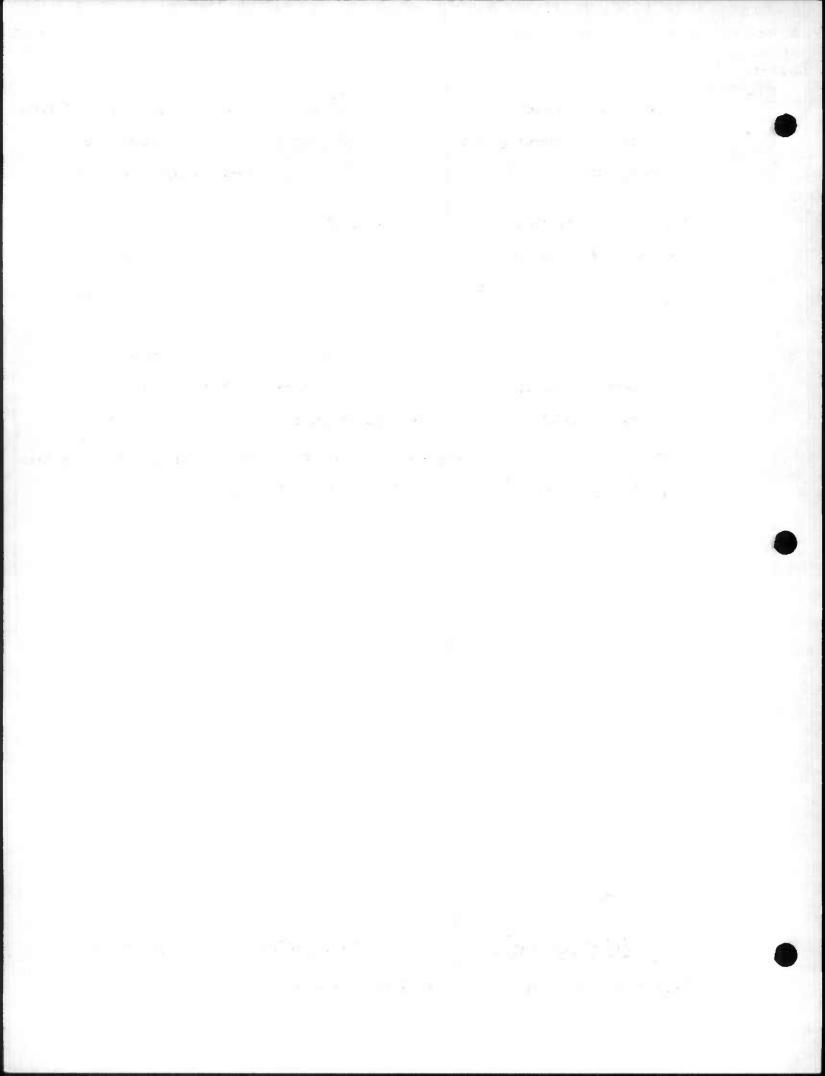
						Cer	tificate of	f Death		Reg. No.	8 0	5448	
	Dharais		1. Decedent's Neme (First, Middle, La	*					2. Dete of Do	eeth Dey	·Year	3. Time of Deeth	
	Physic /Medi		Hazel Annabelle H	KNIGHT					Jahva	200	98	1:58 A.M.	
	Exami		4a. Facility Neme (If not institution, give	e street end number	r)			4b. City, Town,	or Location of Dee	th 4c. Cour	nty of Deeth		
			Washington County	Hospital				_	erstown	V.	lash i n	gton	
	Funeral Director	F	5. Social Security Number 6. S 214-09-5491 Usuel Residence of Decedent	Sex 7. A	ga (In yrs. lest 84	Yrs.	If Undar 1 Yaa Months Deys		Min. 8. Dete of Bi (Month, D May 9	irth ey, <i>Year)</i> , 1913		plece (Steta or Foreign ntry) nsylvania	
	Pud M		10e. Stata 10b. County		10c. City, T	own or Loc	cation				1.	10d. Inside City Limits	
	Marylen f show	ō	Maryland Washir	ngton			Hagers	town				12☑Yes 2☐No	
	the Maryle 28a-f shor	Je C	10e. Street and Number	-8-0-1-			10f. Zip Coda			10g. Citizen o	of What Cou	into/?	
	th with 23a or	Funeral Director	228 West Howard S					21740			USA		
21215-0020	or ite	by	11. Meritel Stetus 1 □ Never Married 2 □ Merried 3 ☒ Widowed 4 □ Divorced	12. Was Decedan Armed Forces 1 ☐ Yes 2 € If Yes, Giva Year or Detes	? No		Vas Dacedent of Yes, specify Cu ☐ Yes 2 💢 No		? (Specify Yes or Nuerto Ricen, etc.)	o- 14. R B	lace - Amari leck, White, cify:		
5-0	"natural",	Be Completed	15. Decedent's En (Specify only highest gra	ducetion ade completed)	1	6e. Deced	ent's Usuel Occi	upetion a during most of red)	workina	16b. Kind of	Business/In	idustry	
12		mpi	Elementery/Secondery (0-12)	College (1-4or									
	filed v Hygie other ti	ပိ	8	0		sewin	g machi	ne opera			shoe		
Maryland	2 should be filed within end Mental Hygiene. Is marked other than aumatic event, the M	Be	17. Father's Neme (First, Middle, Lest) unknown	,					Neme (First, Middle		ame)		
Z	should be and Mental armarked of	To							Bingaman				
Ma	d 2 sho th end I 7 Is me traume		19e. Informent's Neme/Relationship (Juanita J. Souder	,, ,					Rural Routa Numb	-			
	Health Fr 27		20a. Mathod of Disposition	s - daugi		Hagersto	20c. Location						
Baltimore	Peges nent of int: If It iry or o		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif		3		sition (Name of latory or other pi ren Ceme		2-2-98		Ť	Maryland	
Balt	permit. Peg Department Important: I any Injury o		21. Signature of Funeral Service User	m -	- /		Name end Add		MINNICH lvd., Hag				
	_		23a. Part1. Enter the diseasa, or com shock, or heert feilure. List only	plications that cause	od the death D	-					1, 114.		
	Physician /Medical Examiner	Je.	Immediate Cause (Final disease or condition resulting in death)	e.	Due to (or es	te	Rev	ral	A- 1/	12		Approximete Interval Between Onset end Deeth	
Box 68760,	death certificete be executed e ettending physician end of for use as the bunel-transit	an/Medical Examiner	Sequentielly list conditions, if any, leeding to Immediate ceuse. Enter Underfying Cause (Diseese or injury that initieted events resulting in deeth) Lest	c. Dial	Due to (or es	a consequ	Mito	s Ty	ine I		2	O years	
	thet the death ce ed by the ettend deteched for us	Physician/	Pert II. Other significant conditions of	ontributing to death	but not resultin	g in the un	derlying cause g	iven in Pert I.	23b. Dld	tobacco use	contribute t	to the cause of death?	
P.0	et the	Ph.	Auterini	CPVOI	tical	6011	Mahil	W ALL X	P) 10	Yes 2 No	3 Pro	bably 4 Unknown	
rds,	8 5 8	by	11/000	, ,	4	E.	6	diseal		s en eutopsy	24b. W	ere eutopsy findings	
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a	E ag								1 🗆	Yes 2 No	1 [☐ Yes 2☐ No	
₹	iclar certif recto	Be	25. Wes cese referred to medical exeminer?	Hospital:			_ 0	ther	Deeth (Check only				
of Vital	Physician: this certific	. To	1 ☐ Yes 2 ☐ No 27. Menner of Deeth	1 Inpat 28a. Dete of Inj		Outpatient b. Time of	3LI DOA	4 LI Nursin	g Home 5 Res	how Injury occ		(y)	
no	ding h. After funer	tion	1 ☑Natural 5 ☐ Pending	(Month, D	ey Year)	Injury	28c. Inj	ork? ☐ Yes 2 ☐ No	280. Describe	now injury occ	uned		
Division	To the Hospital or Attending Phymin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident investigetion 3 Suicida 6 Could not b 4 Homicide	e 28e. Plece of Ir	njury - At home tc. (Specify)	, farm, stre	et, factory, office			(Street end Nur wn, Stete)	n <i>ber</i> or Rure	al Route Number,	
	To the Hospital within 24 hours To the Funeral completely filled	edical C	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best niner: On the basis	of exemination	dge, deeth end/or inve	occurred et the testigetion, in my	time, dete and pl	ece, and due to the courred et the time,	ceuse(s) end date end place	menner es s e, end due t	steted. o the cause(s)	
	ithin ithin or the	Me	29b. Signature end titla of certifier	end menner s	iulou.		29c. Licer	nsa number		29d. Dete sign	ned (Month	Dev. Year)	
	⊢₃⊨ŏ		Post Brull	10 Person	rol Phr	piles	en y	004	259	Januar	129	1998	
			30. Name and address of person who Robert Brull	completed cause of	COON	a) (Type, F	Ave	. H	orgersi	town	M	21742	
I	Sta Registi		31. Dete filed (Month, Day, Year) JAN 2 9 19	32. Regist	rars Signature	n-Pan	dell		V				

Knight, Hozel Annabelle



State of Maryland / Department of Health and Mental Hygiene Q

			Certifica	te of Death		J. No.	5449					
Г	Physici	22	1. Decedant's Nama (First, Middle, Last)		2. Dete of Deeth	Day Yaar	3. Time of Death					
	Physici /Medi		Amy Irene Knode		January	28, 1998	1:20 P.M.					
1	Examir		4a. Facility Nama (If not Institution, giva street and number)	4b. City, Town, or	Location of Deeth	4c. County of Deeth						
			Williamsport Nursing Home	William	sport	Washing	gton					
	Funeral			ar 1 Yaar If Undar 24 Hrs. B Deys Hours Min.	8. Date of Birth	9. Birth	plece (Steta or Foreign					
	Director		213-42-1423 10 M 2007 88 Yrs.	S Deys Trouts Will.	1 Yaar If Undar 24 Hrs. Deys Hours Min. 8. Date of Birth (Month, Dey, Year) April 26, 1909 Mary land							
	р ,		Usuel Residence of Decedent									
	anyla	_	10a. Stete 10b. County 10c. City, Town or Location				10d. Inside City Limits 1 ☑ Yes 2 ☐ No					
	Part Miles	Director	Maryland Washington Williams	port		1 M Tes 2 L						
	F 6 5	Oire	10e. Street end Number 10f. 2	lp Coda	100	g. Citizen of What Cou	ntry?					
	23a	a	440 South Artizan Street	21795		USA						
	dea	ne	11. Maritel Status 12. Wes Decedent Evar in U,S. Armed Forces? 13. Wes Dec	edent of Hispanic Origin? (S	pecify Yas or No-	14. Race - Amaria Black, White,	can Indian,					
Add South Artizan Street 21795		nite										
9-0	2 ho	ted	15. Decadent's Education 16a. Decedent's Us	ual Occupetion	16	6b. Kind of Business/In	dustry					
215	nn 7	pie	(Give kind of villementary/Secondary (0-12) College (1-4or 5+)	rork done dunng most of wol use retired)	King							
21	d wil	Į.		Services		Educat	ion					
bu	othy oth	3e	17. Fether's Neme (First, Middla, Last)	18. Mother's Ner	ne (First, Middle, Me	aiden Sumeme)						
<u> a</u>	Aenti Aenti rked tic a	0	Carlton C. Mentzer	Anna E	Anna Elizabeth Metcalfe							
an	sho and h			ss (Street and Number or Ru								
	ロニトラ		Harry E. Knode/Son 16610 Mos	by Drive Wil	liamsport	, Maryland	21795					
re	oth oth		20e. Method of Disposition 20b. Pleca of Disposition (N	ema of	Dete 20	C. Location - City or To	own, Stete					
E	Page ent ort: If		Landra 2 Cientellon 3 Literilovel from State		-31-98 W	illiamspor	t, Maryland					
T:	nit.	And Annual to the second provided the second										
ä	Ded on s	1 9	Osbor	ne Funeral H	ome							
_	-		23a Part 1 Enter the Course of the deviced the death. De est enter the course	. Conocochea	gue St. W	illiamspor	, MD 21795					
	/Medical		shock, or heart failure. List only one ceuse on each line.	ode or dying, such as cardied	or respiretory erres	it,	Intervel Between Onsat and Deeth					
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			disease or condition resulting in deeth)	ASE			2 YEARS					
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	bed isit	nin	b									
	and and I-trar	xar	Sequentially list conditions, if any, leading to immediate):								
09	be e iclan burie		cause. Enter Underlying Cause (Disease or Injury c.									
87	phys the	9	resulting in deeth) Lest Due to (or es e consequence of):								
	ding		d			i						
Box	death cer e ettendir ed for use	lan										
		Physician/N	Pert II. Other significant conditions contributing to death but not resulting in the underlying	cause given In Pert I.	23b. Did tob	acco uee contribute t	o the cause of death?					
P.O.	d by	Ph	HYPERGLYCEMIA, HYPEROSMOLAR COM	4	1 🗆 Yes	2 No 3□ Pro	bably 4 Unknown					
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900	s t	ple	721/1/ 2011/100/	011.100.00		of	empletion of causa deeth?					
Ψ.	The ate h	0	MELLITUS		1 ☐ Yes	2 No 1	☐ Yes 2☐ No					
ta		Be	25. Wes case referred to medical	26. Plece of Dec	oth (Check only one)							
>	Physician: r this certific rrai director,	To	exeminer? 1 Yes 2 No Hospital: 1 Inpatient 2 ER/Outpetient 3 I	OA Other: 4 Nursing H	ome 5 Residen	ca 6 Other (Special	\v)					
10[g Phys er this neral di	ä	27. Menner of Deeth 28a. Dete of Injury (Month, Dey Year) Injury 28b. Time of Injury	28c. Injury et Work?	28d. Describe how							
Ö	ndin ath. r: Aft	atio	1) Neturel 5 Pending (Month, Dey Year) Injury 2 Accident Investigation M	1 ☐ Yes 2 ☐ No								
Division	Afta acto by tf	Certification:	3 ☐ Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, fector building, etc. (Specify)	ry, office	28f. Location (Stre	et and Number or Run	al Route Number,					
	s after	le l	4 ☐ Homicide bullding, efc. (Specify)		City or Town,	3(6(6)						
	hour hour mera ly fille	ia.	29a. Certifier Certifying Phyaician: To the best of my knowledge, death occurred	d et the time, dete end plece	, and due to the ceu	se(s) end menner as s	teted.					
	To the Hospital or Attanding I within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edicai	(Check only one) Medical Examiner: On the basis of exemination end/or invastigetion end menner steted.	n, in my opinion, deeth occu	rred et the time, date	e and pleca, end due to	the cause(s)					
	To the To the Some	Σ	29b. Signeture end title of certifier	c. Licansa number	290	d. Data signed (Month,	Dey, Year)					
			18010110 MA	D33700	Fa	NUARY 78,	1998					
		-	30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)	000,00	7/1	TAMILY CO,	1110					
		-		ook Drive								
	Sta	te	31. Dete filed (Month, Day, Year) 32. Registrer's Signeture	_								
	Registr		JAN 2 9 1998 Julia Savidra Rando	2								

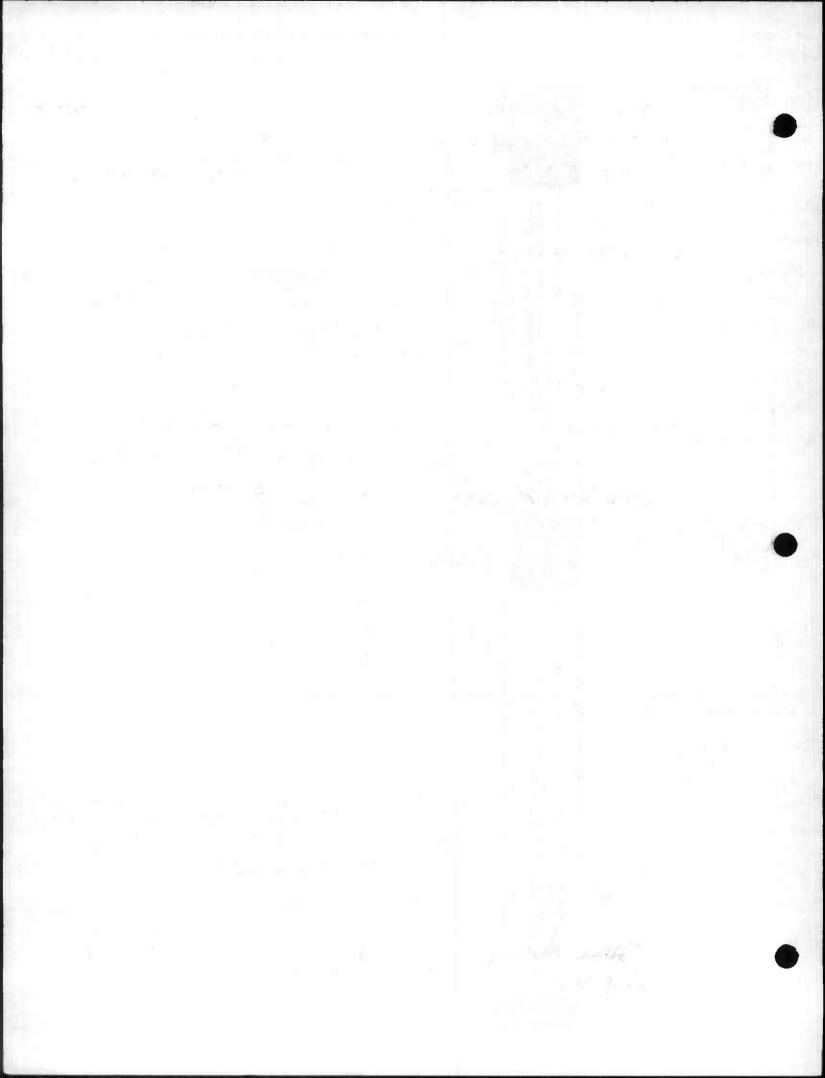


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Vasi **Physician** Louise Catherine Kuhn 30, 1998 January 4:50 PM /Medical 4a. Facility Neme (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner Anne Arundel Annapolis Spa Creek Center - Genesis Eldercare If Under 1 Yaar | If Under 24 Hrs. | 8. Data of Birth | Months | Davs | Hours | Min. | (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthdey) 9. Birthpleca (Stete or Foreign **Funeral** Deys 1 M 2 TXF 210 07 4399 80 Pittsburgh PA Director April 4 1917 Usuel Residence of Decedent with the Maryland 10a. Stete 10c. City, Town or Location r 28a-f show 10b. County 10d. Inside City Limits 1 X Yas 2 □ No Directo MD Anne Arundel Annapolis 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda ir then "natural", or items 23a or the Medical Examiner must be r 21403 USA 700 Americana Drive #51 pemit. Pages 1 and 2 should be filed within 72 hours after death v Department of Health and Menial Hygiene. Important: If Item 27 is marked other than "natural", or Items 23a and Injury or other fraumatic event, the Medical Example Transfer Insust once. Funeral 12. Wes Decedant Ever in U,S. Armed Forcas? Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American indian, Bleck, White, etc. 11. Meritel Stetus 1 Yes 2 No if Yes, Giva Yeer or Detes: 1 Never Married 2 Married altimore, Maryland 21215-0020 1□ Yes 2 No Specify: White P 3 Widowed 4 □ Divorcad Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) 12 College (1-4or 5+) Homemaker Own Home 17. Fathar's Name (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Bertha Ann Trachslin Emile John Waaq 2 19e. Informent's Neme/Raletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 4997 Covey Trail/Boca Raton FL 33487 Joseph G. Kuhn 20b. Plece of Disposition (Neme of cemetary, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stata 1 ☐ Burlai 2 ☑Cremetion 3 ☐Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 1/31/98 Metropolitan Crematory Alexandria VA 21. Signature of Funaral Service Licenses 22. Name and Address of Facility
Advent Funeral & Cremation Services Nagoner Annapolis MD 21401 23a. Part1. Enter the disaesa, or complications that caused the deeth. Do not entar tha mode of dying, such as cardiac or respiretory errest, shock, or haart feiture. List only one cause on sech line. Approximete Interval Between Onset and Deeth Physician /Medical immediete Ceuse (Finel disaese or condition rasulting in deeth) Examiner Examiner nding physician and use as the buriel-transit The law requires that the death certificate be executed Sequentielly list conditions, if any, leeding to immadiate cause. Enter Undarlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of): ò signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evailable prior to complation of causa of death? 24a. Wes en eutopsy performed? Completed page 2 s 2 1 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: director, Be 25. Wes case refarred to medical 26. Place of Death (Check only one) Hospitei: Other: 4 Nursing Homa 5 Residence 8 Othar (Specify) 1 Yes 2 No Certification: To 1 inpatient 2 ER/Outpatient 3 DOA After this funeral 27. Manyler of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation s after death. 1 ☐ Yes 2 ☐ No 2 Accidant 8 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) filled in by 4 - Homicide 24 hours Hospital 1 M Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, and due to the ceuse(s) and manner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete and piece, end due to the cause(s) and menner steted. edical 29e. Certifie (Check only one) within 2 To the \$ 29d. Deta signed (Month, Dey, Year) 29b. Signeture end title of certifier 29c. Licensa number 0 900 30. Name analyaddress of person who completed cause of deeth (Item 23e) (Type, Print) Franklin and Cathedral Streets, Annapolis MD 21401 30. Begistrar's Signeture Pandell 31. Date filad (Month, Dey, Year) State 1998 FEB 01 Registrar

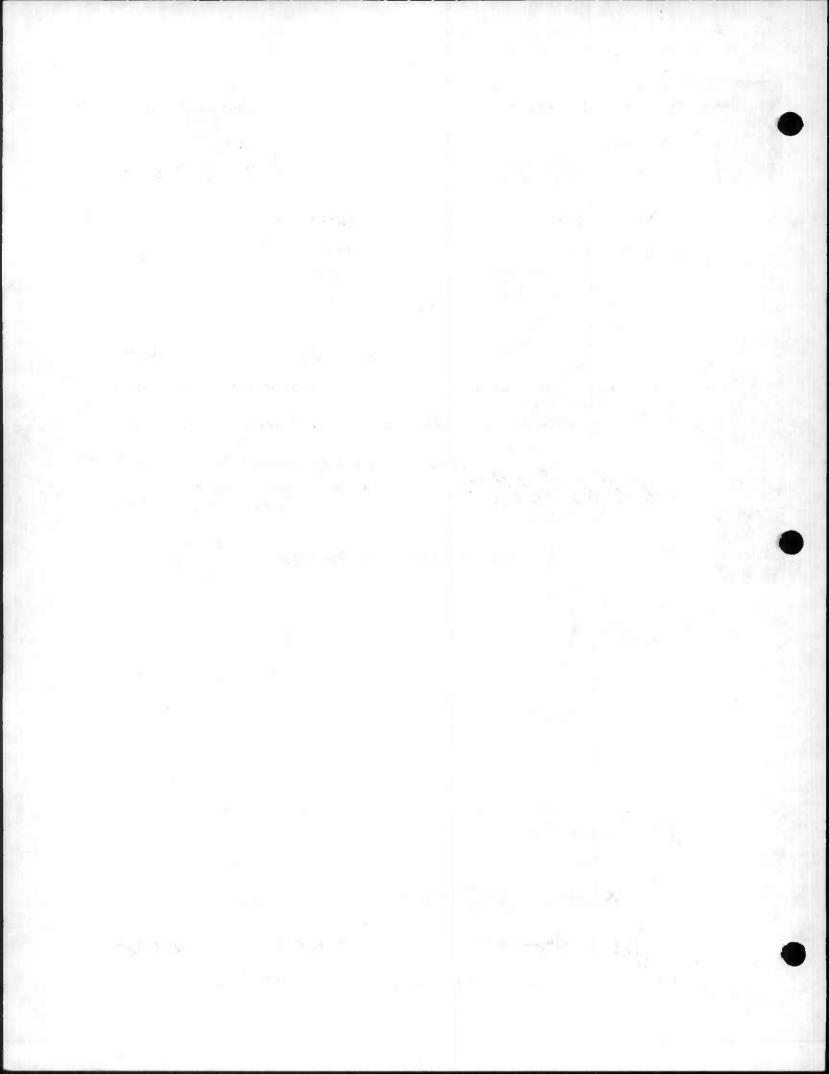
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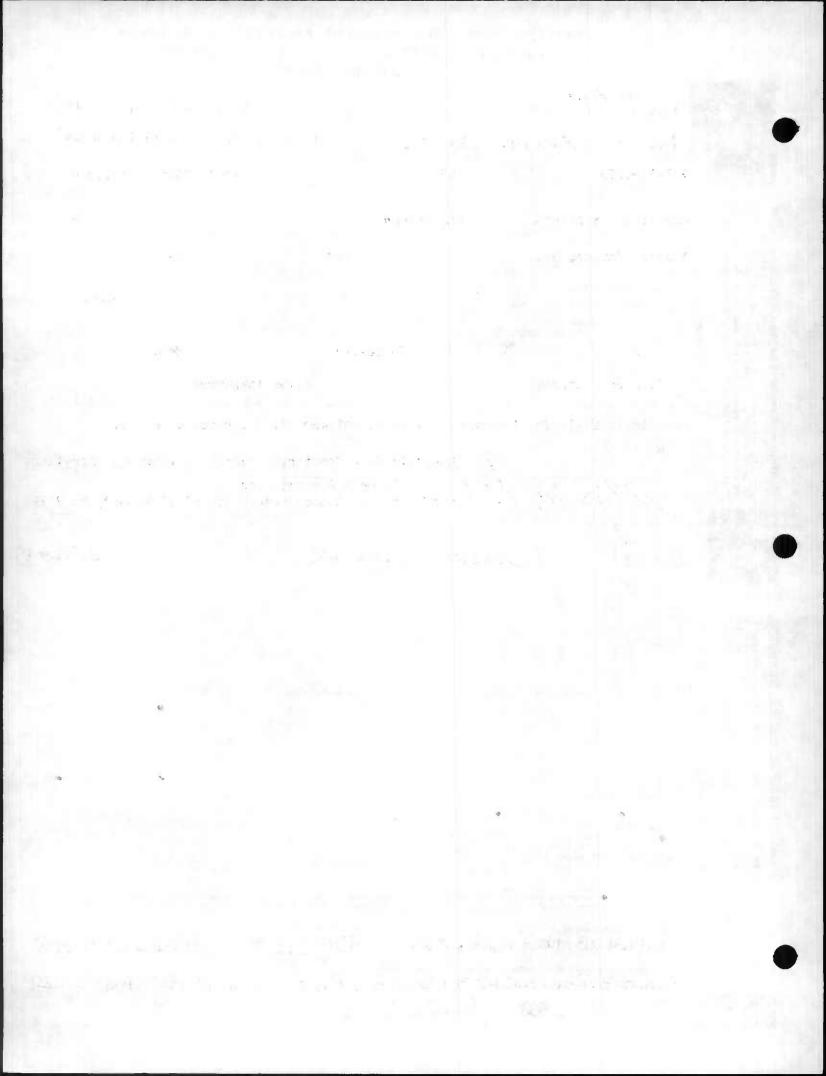
					Ce	rtificate of	f Death	Re	g. No.) ()	0401
	N1-1		1. Decedent's Name (First, Middle, La	st)				2. Date of Death Month		Year	3. Time of Deeth
	hysici/ Medio/		Thomas Edward Kre	ehnbrink,	Sr.			February	3, 19	998	4:00 a.m.
	Examir		4a. Facility Name (If not institution, giv	e street end number)			4b. City, Town, or I	ocation of Death	4c. County		
1			Heron Point				Ches	tertown	Ke	ent	
Fu	uneral		5. Social Security Number 6. S		e (In yrs. last birthday)	If Under 1 Yes	ar If Under 24 Hrs.	8. Date of Birth	Vacel	9. Birtho	olace (Stete or Foreign
Dir	rector		217-14-6111 Usuel Residence of Decedent	XM 2□F	76 Yrs.	Months Day	s Hours Min.	8. Date of Birth (Month, Dey, Nov. 24	1921	Mic	higan
ylan	MOL W		10a. State 10b. County		10c. City, Town or Lo	ocation				1	10d. Inside City Limits
the Mar	28a-f si	Director	Maryland Kent			Ch	estertown		g. Citizen of	MARINA COUR	NOXYes 2 No
ath with	val be	ral Dir	465 Heron Point			21	.620			S.A.	ntry
Maryland 21215-0020 nd 2 should be filed within 72 hours effer death with the Maryland lith and Mental Hygiena.	d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2⊠ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 XYes 2 1 If Yes, Give Yeer or Dates:	2 TILITA	Was Decedent of If Yes, specify Cu 1 ☐ Yes ŽŒNo	Hispanic Origin? (Spuban, Mexican, Puerto Specify:	pecify Yes or No- o Rican, etc.)		ck, White,	can Indian, etc. ite
5-C	Jieal Jeal	Completed	15. Decedent's Ed (Specify only highest gre		16a Dece	dent's Usual Occi	upation	kina 1	6b. Kind of B	usiness/in	dustry
E .	Me	pidu	Elementary/Secondary (0-12)	College (1-4or 5	i+) life.	DO NOT use retir	e during most of work red)	All g			
d 2121 filed within Hygiena.	日益	50		3		Vice Pre	esident		Pa	int	
be fig	ven ven	Be (17. Father's Name (First, Middle, Last)				18. Mother's Nam	ne (First, Middle, M	laiden Sumen	ne)	
Went b	marked	To	Hubert William Kr	ehnbrink			Frances	Brice Wi	nterbo	ottom	
Aaryla 2 should and Men	E E		19a. Informant's Name/Relationship (Type, Print)	19b. Maili	ng Address (Stree	et end Number or Ru	rel Route Number,	City or Town,	Stete, Zip	Code)
1 end 2 Health a	27 ls		Patricia K. Krehr	brink/Wif	е 465 н	eron Poi	nt, Chest	ertown. N	D 216	520	
5	othe ethe		20a. Method of Disposition		20b. Place of Dispo	osition (Neme of	/ece)Feb. 4,	Date 2	Oc. Location -		own, State
altimore, mit. Pages 1 er partment of Hea	ant: If i		1 ☐ Burial 2 【A Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specification 5 ☐ Other (Specification)				ion Cente	1998 r LLC/ St	evensy	rille	. MD
Departm	Important: If item 27 Is marke any injury or other traumatic once.		21. Signature of Funeral Service Licen	1/15	22	2. Name and Add					
			Aur ditte	gila	1.30	O Speer	Road, Che	stertown.	MD 2	21620	
			23a. Part1. Enter the disease, or com- shock, or heart failure. List only	detions that caused the cause on each lin	I the death. Do not ent ne.	ter the mode of dy	ying, such es cardiac	or respiratory arre	st,	(Approximate Intervel Between
	sician										Onset end Death
	edical		Immediate Cause (Final disease or condition	· MI	scucin	DYCD	MANHY			1	
Exam	miner		resulting In death)	a.	Due to (or as a consec						
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rifficate be assecuted	ettending physician and for use as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or as a consec	quenca of):				1	
58/50 ficate be a	sicia e bur		Cause (Disease or Injury thet Initieted events	C	Due to for one a second	was aft					
icat O	s the	edicai	resulting in death) Last		Due to (or es a conseq	juence or):				I	
X certii	ding se a	≥		d							
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hat the de	the	Physiclan/	Part II. Other significant conditions of	ontributing to death bu	ut not resulting in the u	nderlying cause g	given in Part I.	23b. Dld tob	acco use co	ntribute to	the cause of death?
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inber /	should	Completed						24e. Was en perform		av	ere autopsy findings allable prior to empletion of cause death?
	age 2	E						1□ Yes	2 No	4.0	☐ Yes 2☐ No
	s certificate he director, page		25. Was case referred to medical				00 00 - 10-			10	168 2010
S Icla	rect	o Be	examiner?	Hospitel:			Mhor	th (Check only one			
o M	E 70	- T	1 ☐ Yes 2 No 27. Menner of Death	1 Inpatie		IT 3LI DOA	4 In Nursing H	ome 5 Resider			y)
VISION OF VITA Attending Physician: or deeth.	ห: Affar th ne funeral	ation	Natural 5 ☐ Pending investigation		Year) Injury	W	ork? □ Yes 2 □ No	200. Describe not	w injury occur	160	
or Atte	Director:	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28e. Place of Inju- building, etc	ury - At home, ferm, str c. (Specify)	eet, factory, office	9	28f. Location (Str. City or Town,		oer or Flure	al Route Number,
To the Hospital or / within 24 hours after	ro the Funeral I		29a. Certifier 1 Certifying Ph	yelclan: To the best of	of my knowledge, death	n occurred et the	time, date and place,	, and due to the car	use(s) and ma	anner as s	tated.
Ho Ho	e Fu	edical	(Check only 2 Medical Examone)	niner: On the basis of and menner sta	examination end/or in	vestigation, in my	opinion, death occur	rred at the time, dat	le end place,	end due to	the cause(s)
ithin	omo	¥	29b. Signature and title of certifier			29c. Licer	nse number	29	d. Date signe	d (Month,	Dey, Yeer)
P- 5 h	- 0		bled C. A	w	7	0	-13844		2-3	96	
		ΔŢ	The same						2-1	18	
		υΤ.	30. Name and ddress of person who of John C. Seymour	completed cause of do	Speer Road	Chesto	rtorm M	21620			
	C)						L COWII, PID	21020			
В	Sta legistra	ie ar	31. Dete filed (Month, Day, Yees)- FEB 0 5 'C	18	ir's Signature	fandell					
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State of Maryland / Department of Health and Mental Hygiene Q Q Q D L L D

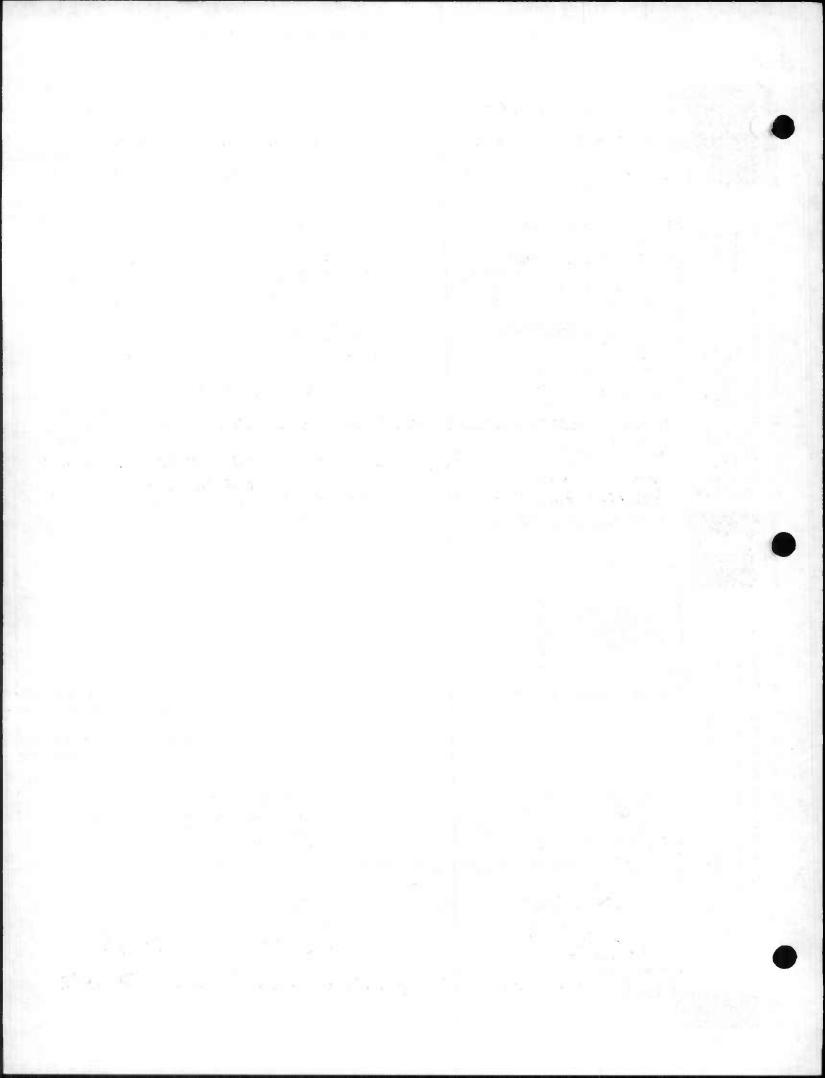
				Certific	ate of	Death		Reg. No.	U.	2646			
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Physician /Medical	KUTU	EWIS							998	430			
Examiner	de Cartille, blace - III and leadle des	, giva street and numb	oer)				, or Location of Dea						
85	MERCY ME	EDICAL	CENITE	-2		BALT	MORE	DAL	MM	oke			
Funeral Director	5. Social Security Number 217-30-5823		Age (In yrs. lest b	Yrs. If Ur Mont	hs Deys		Min. (Month, D	irth Pay, Yaer) 1935					
2	Usual Residence of Decedent												
the Marylar 288-f show notified at	Maryland Washii	ngton	Hagers	wn or Location					1				
iore, Maryland 21215-0020 ges 1 and 2 should be filled within 72 hours after death with the Maryland tof Health and Mental Hygiene. If hem 27 is marked other than "natural", or hems 23a or 28a-f show or other traumatic event, the Medical Exeminating to nother than 70 Re Completed by Euparal Director	10e. Street and Number	St.			Zip Code 21740			10g. Citizen of USA	Whet Coun	itry?			
Rems Rems	11. Meritei Status	12. Wes Decede		13. Was Do	ecedent of I	Hispenic Origin	n? (Specify Yes or N Puarto Rican, etc.)	lo- 14. Rac					
21215-0020 d within 72 hours after piens. In then "natural", or the predictal Examination of the predictal Examination of the predictal Examination of the predictal Examination of the predictal p	3 ☐ Widowed 4 ☐ Divorced		No No		s 2X No		uarto ritozri, etc.)						
Aryland 21215-002 should be filed within 72 hours to Mental Hygiene. marked other than "natural", implic event, the Medical Ex-	15. Deceden	's Education	16	e. Decedent's t	Jsuel Occu	pation	f working	16b. Kind of B	usiness/inc	Justry			
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Name of the second	Elementary/Secondary (0-12)	0		House	wife			1					
yland 212 yuld be filed with Mental Hygiena. Inked other that site event, her	17. Fathar's Nema (First, Middla,	*							ne)				
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laryla 2 should la marke is marke aumetic	19e. Informant's Neme/Reletions	nip (Type, Print)	19	b. Mailing Add	ress (Stree	end Number	or Rural Route Num	ber, City or Town	Stete, Zip	Code)			
1 and 2 and 2 am 27 is other trau	Donald I. Lewis	s Sr. (Hust	oand) 1	422 S.	Potor	mac St.	Hagersto	wn, MD	21740)			
Baltimore, Normal Pages 1 and Peatth Papertment of Health Papertment of Health Papertment if I lam 27 any Injury or other the 2008.	20e. Method of Disposition		20b. Ptece	of Disposition	(Neme of		Dete		City or To	wn, Stete			
Pages nent of I			ate				2-13-08	Sharnet	NIEG.	Maryland			
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Balt permit. Departr Importa any Inja													
	4 Donation 5 Other (Specify) Mountain View Cemetery 2-13-98 Sharpsburg, Mary 21. Signeture of Funeyal Service Licenses 22. Name and Address of Fecility Osborne Funeral Home 425 S. Conococheague St. Williamsport, MD												
	425 S. Conococheague St. Williamsport, MD. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heard feiture. List only one cause on each line. Approximation interval British and the country of the countr												
Physician	Onsel end Deetl												
/Medical	Immediata Cause (Final disease or condition resulting In death) e. Oval: AN OANCEL												
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avac n an iattri	Sequentietly list conditions, if eny, leeding to immediate ceuse. Enter Undertyling Cause (Disease or Injury												
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	Part II. Other eignificant condition	ns contributing to deal	th but not resulting	in the underlyi	ng ceuse gi	van in Pert I.	23b. Di	d tobacco use co	entributa to	the cause of dea			
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ng P	27. Menner of Deeth 1 ■Neturel 5 □ Pendin	28e. Dete of (Month,	Day Year) 28b	Time of Injury		ry et ork?		a now injury occu	red				
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Division or Attendiate death Director: A din by the fertificati	27. Menner of Deeth 1							(Street end Num own, Stete)	ber or Rure	al Routa Number,			
D saft and Discourse													
Division o To the Hoapital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral Medical Certification:		g Physician: To the be Examinar: On the basi and manna	is of examinetion e	ge, death occur and/or investiga	red et the t	ime, dete end opinion, deeth	plece, end due to the occurred et the time	e cause(s) and m e, dete end ptece,	enner es s end due to	teted. o the cause(s)			
of the complete of the complet	29b. Signeture end title of certifia		-		29c. Licen	se number							
8484	Julile B.	Holins	hs M.D).	DE	5212	3	FEBRU	A24	9, 1998			
	30. Name and address of person	who completed cause	of deeth (Item 23e) (Type, Print)									
	JUBILEE B. RO	BINSONIH.	P.301 S	KINTPAL	UPL	ACE, E	BALTIMOB	5. MARY	LANT	21229			
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Registrar	PER I	1 1998	gispar's Signature Juna David	son-Aand	482								



State of Maryland / Department of Health and Mental Hygiene Q

Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Data of Death 3. Tima ot Death **Physician** 1998 MARJORIE FEBRUARY 7:55 AM LEE LEATHERMAN /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner HOMEWOOD RETIREMENT CENTER WILLIAMSPORT WASHINGTON | If Undar 1 Year | If Undar 24 Hrs. | 8. Date of Birth (Months, Days Hours Min. | SEPT. 27, 1905 Birthplaca (Stata or Foraign Country)
 MARYLAND 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1 □ M 2 🖾 F Yrs. Director 219-20-1218 92 Usual Rasidance of Decedant the Meryland 10a Stata 10b. Counts 10c. City, Town or Location 10d. Insida City Limits Show 7 is marked other than "natural", or itema 23a or 28a-1 shor traumatic event, the Medical Examinar must be notified as 1 ☐ Yas 2 No Director MARYLAND WASHINGTON WILLIAMSPORT 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 21795 16505 VIRGINIA AVENUE U.S.A. Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒ No If Yas, Giva Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Raca - Amarican Indian, Black, Whita, atc. permit. Pages 1 end 2 should be filed within 72 hours after c Department of Heelih and Mentel Hyglene. Important: if item 27 is marked other than "natural", or ham any injury or other traumant. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 No Specify: Àq Specify: 3 Midowed 4 Divorced WHITE Completed 15. Decedant's Education 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry (Specify only highast grada completed) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Name (First, Middla, Maidan Sumama) Be 2 RALEIGH S. BENDER BESSIE L. GROVE 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Code) RANDAL A. LEATHERMAN/GRANDSON 9064 JORDAN ROAD, FAIRPLAY, MARYLAND 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) MOUNTAIN VIEW CEMETERY 2/10/98 SHARPSBURG, MARYLAND 21. Signature of Funaral Sary ce Licansaa 22. Nama and Addrass of Facility 7606 Old nationalPike Paul M. Dean BAST FUNERAL HOME Boonsboro, Maryland 21713 Part1. Entar tha disaasa, or complications that causad tha daath. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart fallura. List only one cause on each line. Physician asculadiran /Medicai Immediata Causa (Final disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of): thet the death certificate be executed Sequentially list conditions, if any, laading to Immadiata causa. Entar Undarlying Cause (Disease or Injury that initiated evants rasulting in death) Last Dua to (or as a consequance ot): pue P.O. Box 68760. physician Physician/Medical the Dua to (or as a consequanca of): for use as ed by the e Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 □ Yes 2 No 3 Probably 4 Unknown signed b Records, à 24b. Wara autopsy tindings available prior to complation of causa of death? Be Completed 24a. Was an autopsy performed? peen page 2 hes this certificate 1 Yas 1 ☐ Yas 2 ☐ No Division of Vital Hospital or Attending Physician: 24 hours effer death.
Funeral Director: After this certifica 25. Was casa ratarred to medical axaminar? 26. Placa of Death (Check only ona) Other: 1 Yas 2 No 4 Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 Natural 5 Panding 1 Yas 2 No Invastigation 2 Accidant 3 Sulcida 6 Could not be detarmined 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, tarm, streat, factory, office building, atc. (Specify) In by 4 Homicide • Funeral Di Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

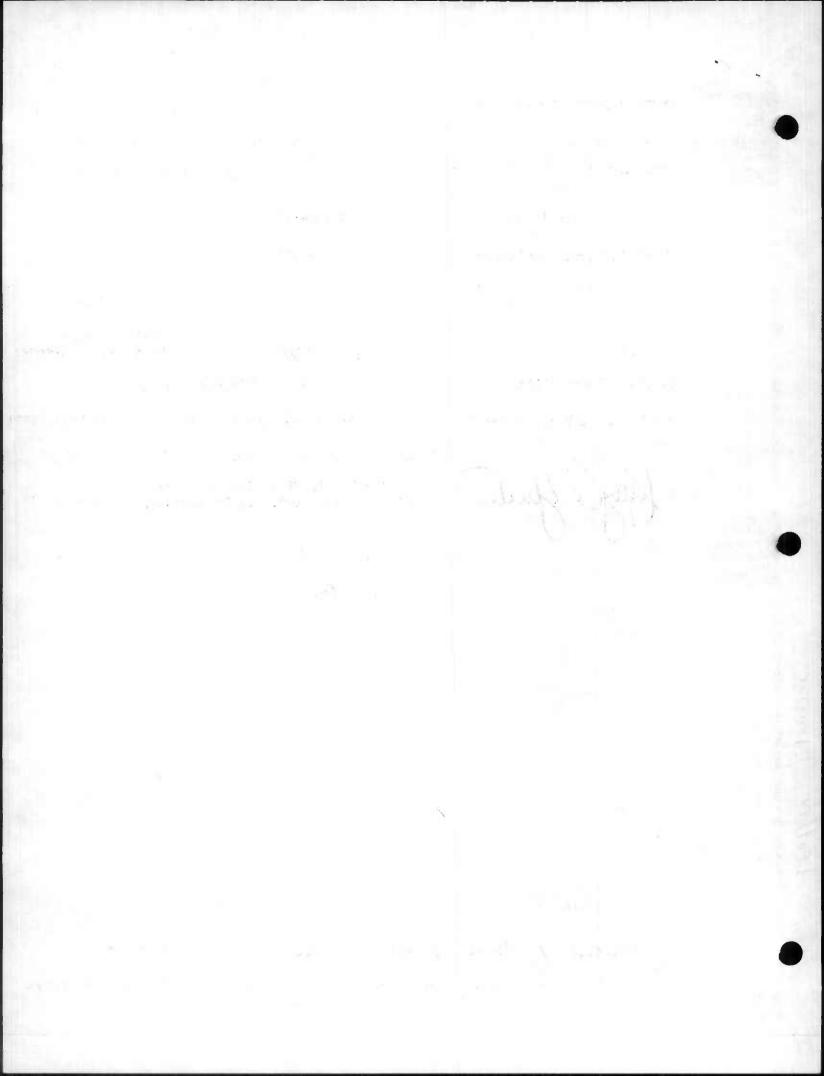
Medical Examiner; On the basis of examination and/or invastigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner stated. 29a, Cartifian Medical within 2 29b. Signature and title 29d. Data signed (Month, Day, Year) 29c. Licansa number 26806 who completed causa ot daath (item 23a) (Type, Print) VOI 32. Registrar's Signatura State wie Davidson FEB 0 9 1998 Registrar



State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 4 5 1

	-					Cer	tificate of	Death		Re	g. No.	U	1404
П	Dhyala	ion	1. Decedent's Name (First, Middle, La							ete of Deeth	-	Year	3. Time of Death
J	Physic /Medi		ELEANOR ELIZABE							tel	1 10	198	1729
	Exami	ner	4e. Fecility Neme (If not institution, gir					4b. City, To	wn, or Location	n of Death	4c/County		
1			Washington Count			db da	If Under 1 Year		gerstov			shing	
	Funeral Director	,		Sex 7. Age	75 (In yrs. last bir	Yrs.	Months Deys		Min. Mai	ete of Birth Month, Dey, CCh 31	1922	9. Birthple Counti Mar	ece (Stete or Foreign ry) yland
	land		10e. Stete 10b. County		10c. City, Tow	n or Lo	cation					10	d. Inside City Limits
	he Mary 28a-f sh cutted	ector		nington				ewsvil	le				1 ☐ Yes 2¶ No
	ath with t	Funeral Director	10e. Street end Number 21202 Jefferson				10f. Zip Code	2172			g. Citizen of W	USA	
21215-0020	within 72 hours after death with the Maryland ans than "neturel", or items 23e or 28a-f show to Medical Examiner must be notified at	by	11. Maritai Stetus 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent II Armed Forces? 1 Yes 2 2 1 If Yes, Give Year or Detes:			Vas Decedent of lives, specify Cub		gin? (Specify \ ı, Puerto Ricer	res or No- i, etc.)		a - Americe k, White, e	
5-0	be filed within 72 ho ital Hygiena. id other than "netur event, it a Madical	Completed	15. Decedent's E (Specify only highest gr	ducetion ede completed)	16e.	Deced (Give	ent's Usuel Occu kind of work done	petion during most	of working	1	6b. Kind of Bu	siness/Indi	ustry
121	Althin	mpi	Elementery/Secondary (0-12)	College (1-4or 5	+)	life. L	OO NOT use retire	ed)					States
	filed withi Hygiena. Ather than		12 17. Father's Name (First, Middle, Last	0			Posta]						Office
Maryland	should be fited within and Mental Hygiena. s marked other than turnatic event, it a M	To Be	Charles Edward M						or's Neme <i>(Firs</i> an Eliz				
	2 8 8		19e. Informent's Neme/Relationship (Harold L. Leathe				g Address (Stree Jeffers						code) ryland 217
Baltimore,	permit. Pages 1 and Department of Health Important: If item 27 eny injury or other tr once.		20e. Method of Disposition 12 Buriel 2 Cremation 3 C 4 Donetion 5 Other/Specie		cemeter	y, crem	sition (Neme of netory or other ple rg Cemet		Feb.			burg, Maryland	
Balti	Department of Important: If it eny injury or o		21. Signature of Funeral Service Lice	ess of Facility A. Fie	ery Fun	eral	Home						
			Jan Jan Jan Jan Jan Jan Jan Jan Jan Jan		land 21742 Approximete								
Q.	Physician		23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdlac or respiretory errest, shock, or heart failure. List only one ceuse on each line.										
	/Medical Examiner		Immediate Ceuse (Final diseese or condition		udden	6	mdiac	An	My m'				ninte.
	Examine.	_	resulting in deeth)		Due to (or es e			,		1		1	year
	led lisit	nin		b	lard	16 N	mopel	27					YCOVE
_6	axecu and al-tra	Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury	Due to (or es a consequence of):									
68760,	e be r sicial		thet initiated events	C	Oue to (or es a o	oneagu	ionoe off:						
×	requires that the death certificate be assocuted seen signed by the attending physician and hould be datached for use as the burial-transit	v/Medicai	resulting In deeth) Lest	d	50e to (6) es a c								
D. Bo	it the death by the attan tached for u	Physician/	Pert II. Other significant conditions of	contributing to death bu	t not resulting in	n the un	iderlying ceuse gi	iven in Pert I.		23b. Did tob	acco use con	itribute to	the cause of death?
s, P.O	es that thi igned by t be datach	by Phy								1 🗆 Ye	2 ☑ No	3 Probi	ably 4 Unknown
Records,	aw 1st	Completed							2	24a. Wes en perform		com	re eutopsy findings ileble prior to apietion of cause eeth?
<u>=</u>		S								1 ☐ Yes	2 □ No	1 🗆	Yes 2□ No
Vita	ysician: T s certifica director, p	Be	25. Wes cese referred to medicei exeminer?	Manital					of Deeth (Che	eck only one)		
o	this aldi	2	1 Yes 2 No	Hospital:			3LI DOA		rsing Home			(-)	1
UC.	h. After funar	ion	27. Menner of Desth 1 □ Naturel 5 □ Pending	28a. Dete of Injur (Month, Day		Ime of njury	28c. Inju			Describe hov	v injury occurre	De	
Division	or: or:	icat	2 Accident investigatio 3 Suicide 6 Could not b		n. At home to	en otro		Yes 2 l		acation /Sta	at and Number	ar or Pural	Route Number.
2	after d Direct J in by	Certification:	4 ☐ Homicide determined	28e. Plece of Inju building, etc	ry - At nome, ta . (Specify)	rm, stre	et, rectory, office			cation (Sire		or Hurei	House Number,
	Hospita 4 hours Funeral tely filled	edical C	(Check only 2 Medical Exar	ysician: To the best o niner: On the basis of	exeminetion end	, death	occurred et the ti	ime, date end	d plece, end de	ue to the ceu	ise(s) end mei e end place, e	nner es ste	eted. the ceuse(s)
	within 2 To the comple	Med	one) 29b. Signeture end title of certifier	end menner ste	Ded.	-		se number			d. Date signed		
	₹ ¥ ₩ 8	100	Do '	1 00	, ,					29		-9B	oy, roary
			Vichael		und.	- 4	00	11667					
			30. Neme end eddress of person who	completed ceuse of de	eth (Item 23e) (Type, I	Print)		C · 1	12-	H		4.4.0.104
			31. Dete filed (Month Day Year)	30 Banistra	//// Signature 4) /	redical	Campi	us suit	6 10	we sers	· Nun,	NO 21742
	30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Michael J. McCornacla 11/10 Medical Campus Suite 130 Hz sars hum, NO 21742 State Registrar FEB 0 4 1998 32 Anglistrar's Signature Pendelle												

Leather, Eleanor



Plea	se Type or Pr							_	ible.	
	State of N	Maryland /		tment of ificate o			lental Hygi	ene 9	8	5455
1. Decedant's Nama (First, Middle	a, Last)					- 6 F	2. Data of Death	-		3. Time of Death
Syth	a Imoge	ene	LIPSC	OMB			Month Februa	Day	Year 1 QQQ	3:45 A.M
4a. Fecility Nama (If not institution				JOI ID	4b. City, T	own, or Lo	cation of Deeth	-	y of Death	J.43 A.M
Frederick M	emorial Hos	mital			T	rede	rick		reder	ri cle
5. Social Security Number		Age (In vrs. lest b	irthday)	if Undar 1 Ya	1	r 24 Hrs.	8. Date of Birth (Month, Day,			
236-30-6091 Usual Rasidanca of Decadent	1□M 2 ∑ F	72	Yrs.	Months Da	ys Hours	Min.	Aug. 3,	1925	We	eca (Stata or Foraign try) st Virgin
10a. Steta 10b. County		10c. City, To	wn or Loca	ation					10	Od. Inside City Limits
Maryland	Frederick				Fred	deric	c			1 ☐ Yes 2 ☐ No
10e. Street and Number				10f. Zip Cod			10	a Citizan of	Mines Cours	
220 Rocky Sprin	gs Road			101. Zip Cod	_	L 7 02	10	g. Citizan of	U.S.A	•
11. Marital Status	12. Was Dacadar Armed Forces		13. Wa	as Dacedant of	of Hispanic O	ngin? (Spe	cify Yes or No-		ce - Amarica	
1 Nevar Married 2 Marr				Yas 21X01			nican, aic.)		ick, Whita, e	
3 ☐ Widowed 4 ☐ Divorced	Yaar or Datas	S:	1	ازیرے Tas کیں ا	No Specify	γ.		Specia	y: WI	ite
15. Decedant (Specify only highes	t's Education of grade complated)	16	(Giva kii	nt's Usual Oc nd of work do NOT usa rai	na dunna mo	st of worki	ng 1	6b. Kind of B	lusinass/Ind	lustry
Elamantary/Secondary (0-12)	Collega (1-4o				,		R	etail tore	Depar	tment
17. Father's Nema (First, Middle, Steve Ingram	Last)	1	Sares	Repre		ar's Name	(First, Middle, M ie Helen	aidan Sumai	ma)	
19a. Informant's Name/Ralations						ber or Rura	il Routa Number,	City or Town	, Stata, Zip	
Robert F. Lips	COMD/ Husban				-	igs R	d., Fred			
20a. Mathod of Disposition 1 XBurial 2 ☐ Crametion 4 ☐ Donation 5 ☐ Othar (S)		cemat	any crama	tion (Nama of tory or other, Memori	nlace)	dens	Feb. 7,	0c. Location 1998		_{wn, Stata} derick, M
21 Signature of Funeral Seprice	Basfor	/M00021	Kee		Basfor	d Fu	neral Ho		. MD	21701
23a. Pert1. Entar tha disaasa, or shock, or haart failura. List	complications that caus only one cause or each	ed tha daath. Do lina.	not enter	the moda of	dying, such a	s cardiac o	r raspiratory arre	st,		Approximata Interval Between Onsat and Death
Immadiata Causa (Final disaase or condition		CHANA	100	1 0	MAN					211000
rasulting in death)	a	Due to for as a	conseque	ancel of):	V					ayears
	- b	Dua 10 (01 43 4	conseque	ariod or).	U)			1	
Sequantially list conditions, if any, laading to immadiate causa. Entar Undarlying		Dua to (or es a	consequa	ance of):					1	
Causa (Disaasa or Injury that initiated evants	c	Due to (or as a		naa aft						
rasulting In death) Last	d	Due to (or as a	conseque	rice or).						
									1	
Part If. Other significant conditio	ne contributing to death	but not rasulting	in tha und	arlying causa	givan In Part	: t.	23b. Did tot	,		the cause of death?
							1980	s 2□ No	3 Prob	ably 4 Dunknows
							24a. Was an perform		con	ra autopsy findings illeble prior to applation of causa laath?
							1 □ Ya	2 200	/	Yas 20 No
25. Was casa rafarred to medical					26. Plac	a of Daath	(Check only one			1
axaminar?	Hospital:	tient 2 ER/C	Outpatient	3□ DOA	Othar: 4 N	lursing Hor	na 5 🗆 Rasidar	nca 6 🗆 Oti	nar (Specify)
27. Manner of Death	28a. Data of In		Tima of		jury at		28d. Dascribe ho			

Physician /Medical Examiner

permit. Pege Department o Important: If any Injury or

disease or condition rasulting in death) Examiner To the Hospital or Attanding Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the ettending physician and physician and s the buriel-trans Sequantially list conditions, if any, laading to immadiate causa. Enter Underlying Causa (Disaasa or Injury that initiated evants rasulting In daath) Last Physician/Medical is certificate has been signed by the ettending p director, page 2 should be deteched for use es Part If. Other significant cond

Be Completed by Medical Certification: To completely filled in by the funeral

Division of Vital Records, P.O. Box 68760,

25. Was casa rafarred to med axaminar? 1 ☐ Yes 2 ☐ 27. Manner of Death

2 Accidant

3 Suicide

4 - Homicida

Director

Funeral

by

Completed

å

2

10e. Street and Number \$220 Rocky Spr

Physician

/Medical

Examiner

Funeral

Director

Peges 1 end 2 should be filed within 72 hours efter deeth with the Meryland ment of Health and Mental Hygiene.

ant: If item 27 is marked other than "natural", or items 23s or 28s-f show ury or other traumatic event, it s

Baltimore, Maryland 21215-0020

5 Panding investigation

6 Could not be datamined

28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify)

М

1 Yas 2 No

28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata)

29a. Certifian

Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and

29c. License number D07186

29d. Data signed (Month, Day, Year)

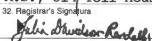
February 4, 1998

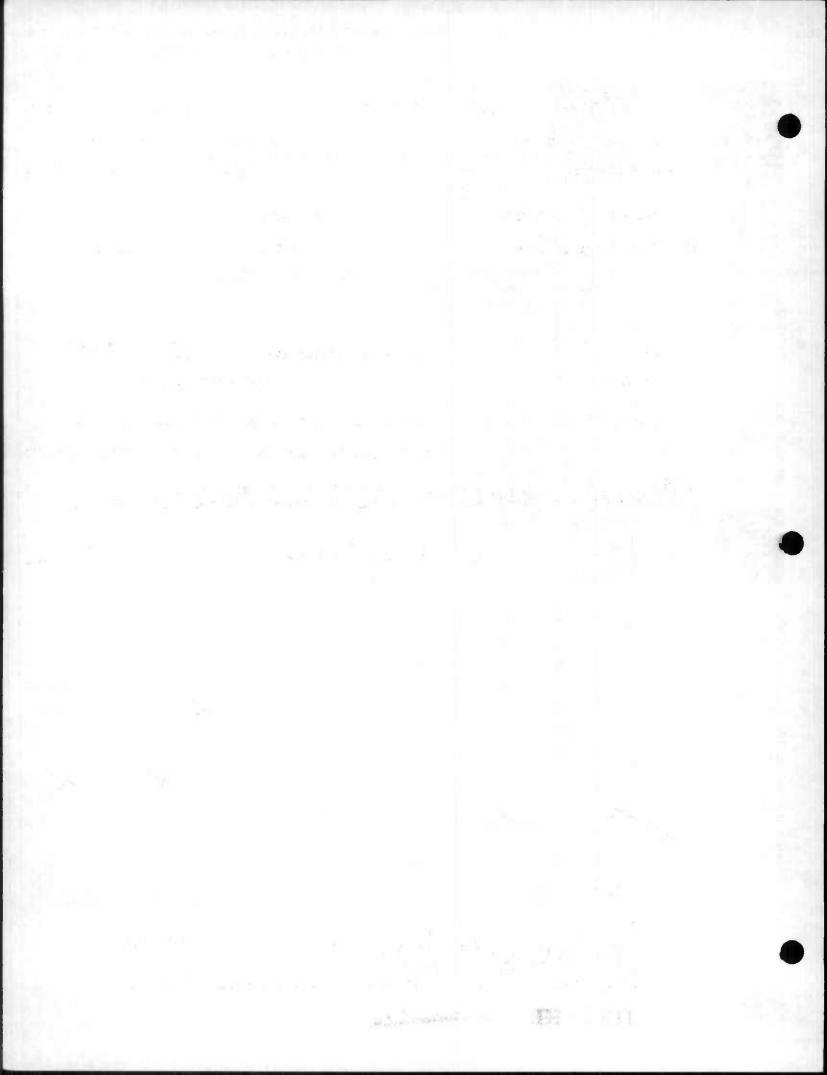
30. Nama and addrass of person who completed cause of death (Itam 23a) (Type, Print)

M.D., 814 Philip Shapiro, Toll House Avenue, Frederick, MD 21701 31. Data filed (Month, Day, Yaar)

State Registrar

FEB 9 -





State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificat	e of	Death	F	Reg. No.	U 5	456	
	Physic /Medi		Dacedent's Name (First, Middle, La	Abel	Man	rtin			2. Data of Dee Month February	oth Day	Year QR	3. Time of Death	
	Exami		4a. Fecility Name (If not institution, given Mennonite Fellow					4b. City, Town, or I Hagersto	ocation of Death	4c. County	of Death	ton	
N.	Funerai Director		5. Social Security Number 214-16-1141 Usual Residence of Decedent	ex 7. Age (i M 2□ F	n yrs. lest birthday) 80 Yrs.	If Undar Months	1 Yaar Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, De) March 20,	1917	9. Birthpla Country	aca (State or Foreign and	
	Marylend a-f show	ctor	10a. Steta 10b. County Md. Washing		Oc. City, Town or Lo Hagerst						10	d. Inside City Limits 1 ☐ Yes 2 No	
	23a or 28	Funeral Director	10e. Street and Number 12349 Huyett La	ne		10f. Zip	Code 21740)				ry?	
7020	ges 1 and 2 should be filed within 72 hours efter deeth with the Manyland to f Heelih and Mental Hyglene. If Items 27 is marked other than "natural", or items 23a or 28a-f show or other traumetic event, the Medical Examiner must be notified at	þ	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yas 2 ☑ No If Yes, Give Year or Datas:		Was Deced If Yes, spec		Ilspanic Origin? (Si an, Maxican, Puent Specify:	pecify Yas or No- o Rican, atc.)		ck, Whita, et	tc.	
21213-0020	filed within 72 h Hygiene. ther than "natu	Completed	15. Decedent's Ec (Specify only highest gra Elementary/Secondary (0-12)	lucation da completed) College (1-4or 5+)	(Give	dant's Usua kind of wo DO NOT us Farme	rk dona se retire	during most of wor	king				
Maryland	should be filed and Mental Hyg s marked other rumatic event,	To Be C	17. Fathar's Name (First, Middle, Last) Phares						e Eby	Maiden Sumen	ne)		
	Tand 2 sho Heelth and Nem 27 is me		19e. Informant's Name/Relationship (13843	Penn	ısylv			-			
Daiminore,	permit. Pages 1 and Department of Heelth Important: If Item 27 any Injury or other tr once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from Stata	20b. Place of Dispo cematery, cre Men Chu	osition (Nem matory or o INON I t Irch C	ne of ther plea e Fe eme	Hagerstov 110wship 2 tery 2	m Dete 2/14/98				
3	Departiment Important		21. Signatura of Funeral Servica Licen H. Martin Zur	ein D-	Z G	immer	man astl	n And Son Funeral Home Inc. tle, Pa. 17225					
	Physician /Medical Examiner	Je.	23a. Pert1. Entar the diseese, or com shock, or haart failure. List only Immediate Cause (Final disease or condition resulting in death)	a. Neto.	e to (or as a conse	quence of):		/		Day Year y 9, 1998 9.0 4c. County of Death Washington the Year y 9, 1998 9.0 4c. County of Death Washington 10d. Inside (10 per 10	Approximata Interval Between Onsat and Death		
,00100	artificate be executed ding physician and se es the buriel-transit	Physician/Medical Examiner	Sequentially list conditions, if any, laading to immediate cause. Entar Underlying Cause (Diseasa or Injury that initiated events resulting in deeth) Last	C		Mulchsorption—Wit otherworas a consequence of): Spe ras a consequence of):						Eurs	
	the ettendin	sician	Part II. Other significant conditions of		ot rasulting in the u	ndarlying c	ause giv	en in Part I.	23b. Did to	obacco uss co	ntribute to t	the cause of death?	
)	uires that the do	by							1 □ Y				
	The law requires that the ate has been signed by the pege 2 should be detached.	Completed								med?	com of de	labla prior to plation of cause eath?	
		Bec	25. Was case referred to medical axaminer?	Hospital:				26. Place of Dea	th (Check only or				
-	0 0	은	1 Yes 2 No 27. Manner of Deeth 1 Natural 5 Pending 2 Accident Invastigation	2 ER/Outpatier 28b. Time o		8c. Injur Wor	y et Nursing H						
	To the Hospital or Attanding Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	3 Suicide 6 Could not be 4 Homlcide determined	28e. Place of tnjury building, etc. (S	- At home, farm, sti Specify)	raet, factory	r, office		28f. Location (S City or Tow	treet and Numb n, Stete)	per or Rural i	Routa Number,	
	Hosp 24 hou Funer Idetely fill	edical	29a. Certifier (Check only one) 1 Certifying Phyone 2 Medical Example 1	vsician: To the best of m iner: On the bests of ext and mannar stated	amination and/or in	n occurred a vastigation,	at the tin	ne, date and plece, plnion, death occur	, and dua to the c rred et the time, d	ause(s) end ma lata and place,	anner as star and due to t	ted. he cause(s)	
	To the To the comp	Me	29b. Signeture and title of certifier			290	. Licans	e numbe(PA)	2				
)			30. Name and address of person who of	completed cause of death	n (Item 23e) (Type,	Print)	ND-	043466-	E	reb.	10,1	1998	
			Kerben D. H	ess, She	ady fro		Pa	1725	6				
	Sta Registr		31. Date filed (Month, Dey, Year)	1998 Augustrar's	Signatura a Davidson	Rando	2_	•					

and the second s

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Deeth **Physician** Month Jane Carter Mason February 10. 1998 AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 17138 Virginia Avenue Hagerstown Washington 5. Sociel Security Number If Undar 1 Yaar | If Undar 24 Hrs. 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) _eFunerai 1□M 2KF Days (Month, Dey, Year) July 16,1914 219-36-4627 Yrs. 83 Director Maryland Usual Residence of Decedent the Maryland 10e. State show 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or Items 23s or 28s-f shifts Modical Examiner must be notified. Director 1 ☐ Yas 2 ☒ No Maryland Washington Hagerstown 10e. Street end Numbar 10f. Zip Code 10g. Citizen of What Country? filed within 72 hours efter death with Funeral 17138 Virginia Avenue 21740 USA 12. Wes Dacedant Ever in U,S. Armed Forces? 1 ☐ Yes 220 No If Yes, Give Yeer or Datas: Wes Dacedant of Hispenic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, White, atc. 1 Nevar Married 2 Married 21215-0020 1 ☐ Yes 2X No Specify: Specify: White þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) al Hygiene. Elementery/Secondary (0-12) College (1-4or 5+) Inspector Silk Label Manu. Maryland permit. Pages 1 and 2 should be file Department of Heelth and Mantal Hy Important: If Item 27 is marked other any Injury or other traumatic evant. 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Samuel Carter, Sr. Anna Isabelle Brinham 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mr. Paul Mason/Son 1304 Stateline Road Waynesboro, PA altimore, 20b. Place of Disposition (Neme of cametery, cremetory or other place) 20e. Method of Disposition 20c. Location - City or Town, Stata 1 X Burial 2 Cremetion 3 Ramovel from Stete 4 ☐ Donation 5 ☐ Other (Specify) Greenlawn Memorial Park 2-9-98 Williamsport, MD 21. Signature of F 22. Name and Address of Facility
USborne Funeral Home 425 S. Conococheague St. Williamsport, MD 21795 23e. Pert1. Entai/the disaasé, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiretory errest, shock, or been failure. List only one cause on each line. Approximata intervel Between Onset end Death **Physician** /Medicai Immediate Ceuse (Final Heart Jaylen ears diseasa or condition resulting in death) Examiner Examiner the buriel-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or as a consequence of): Division of Vital Records, P.O. Box 68760, The law requires that the death certificete be-Physician/Medical Due to (or es a consequenca of): Pert II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown þ 9 24b. Were autopsy findings available prior to complation of causa of deeth? Completed 24a. Wes en eutopsy performed? certificate 1 Yes 2 HNO 1 Tyes 2 No or Attending Physician: 25. Wes case referred to medical exeminar? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Aesidenca 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 28c. injury et Work? 27. Manner of Deeth 28e. Date of injury (Month, Dey Year) Certification: 28b. Time of 28d. Describe how injury occurred After 1 Neturel 5 Pending Investigation death. 1 Yes 2 No 2 Accident efter death Director: 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Streat and Number or Rurel Route Numbar, City or Town, Stete) 4 Homicide within 24 hours efter To the Funeral Direcompletely filled in b 29a. Certifies 1 Cartifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner es steted.

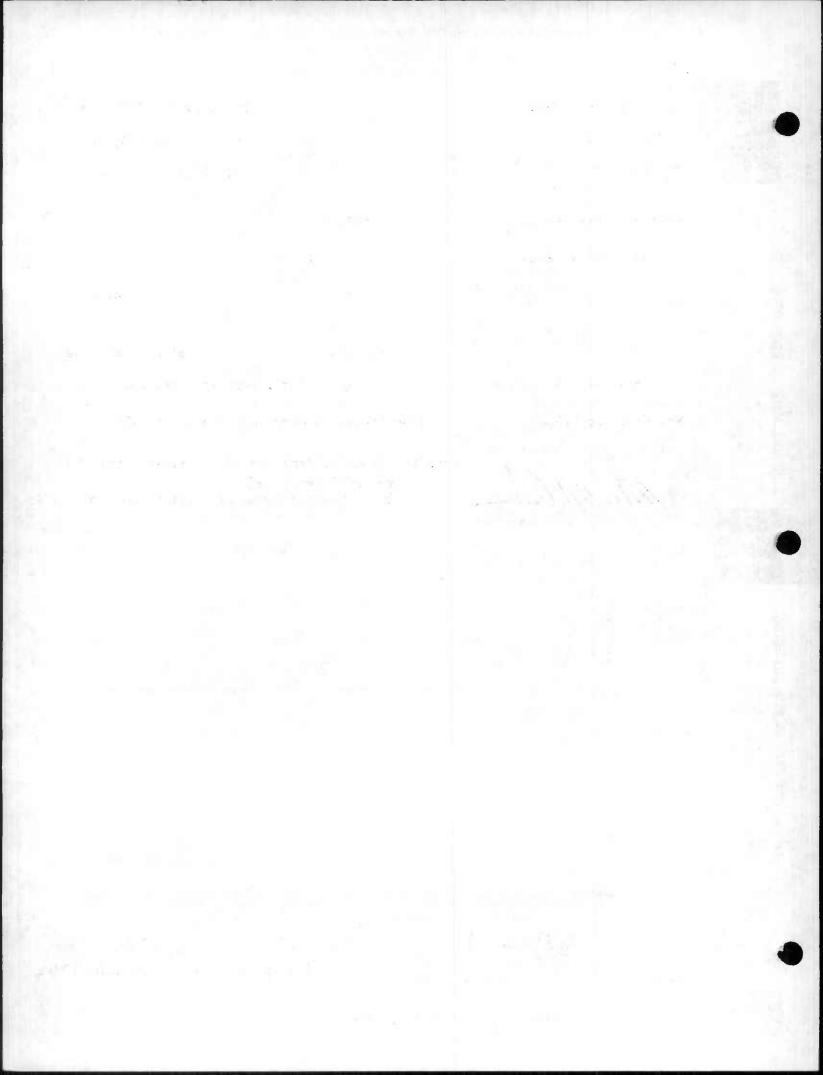
2 Medical Exeminer: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, and due to the ceuse(s) end menner stated. Medical (Check only one) 29b. Signature and title of cartifian 29c. License numbar 29d. Data signad (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
ABOUL WALKERS, MD - 12821-OAKHII AVE. HAGERSTOWN-MD 21742

State Registrar 31. Dete filed (Month, Dey, Year)

FEB

1998

32. Registrer's Signeture wha Davidson-Randoll



should

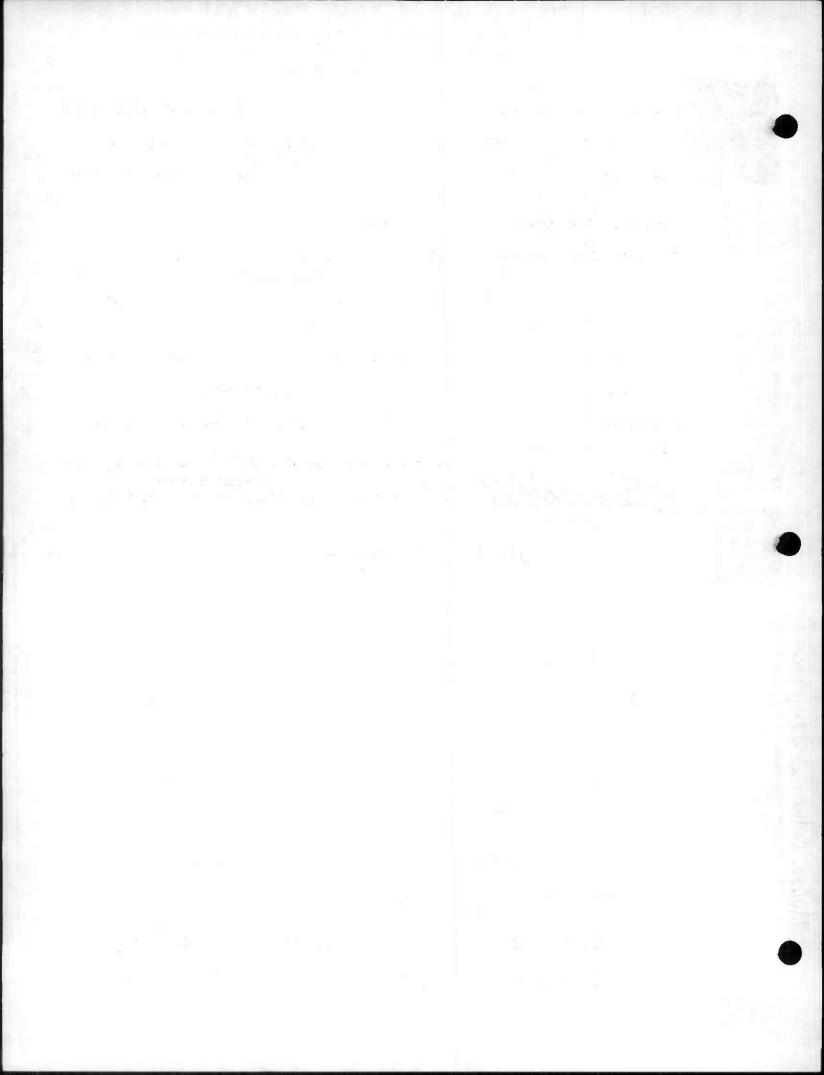
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withher hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1. 2, 3
be fised within 72 hours after death with the State Oegr. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	IEALTH AND I	MENTAL HYGIEN						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	MICHAEL NMN		MOND	AK		February 4	1998	9 · 27 A M				
	4. SOCIAL SECURITY NUMBER		In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.7	BIRTHPLACE (State or Foreign Country)				
9	182–16–3712	1⊠M2□F 76	YRS.			Feb. 22,		ennsylvania				
œ	90. FACILITY NAME (If not institution, give s Ravenwood Luthera				R LOCATION OF DE	EATH	9c. COUNTY					
DIRECTOR	RESIDENCE OF DECEDENT			Hagers	LOWIT		wasn	ington				
REC	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCAT	TION			10d. INSIDE CITY				
		ington	H	lagersto	wn			1 TYES 2 X NO				
FUNERAL	10e. STREET AND NUMBER	o Court		1000	21742		1 - 1 - 1 - 1 - 1	OF WHAT COUNTRY?				
NE	327 Chimney Stone						U.S					
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 X YES	2 NO	If yes, sp	ecify Cuben, Mexica	HC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No- 14.	. RACE — American Indian, Black, White, etc.				
B	3 Widowed 4 Divorced	World War I	L L	1 U YES	2X NO Specify	y:		Specify: White				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	JSUAL OCCUPATION done during mo	ON est of working	16b. KIND OF BUS	SINESS/INDUS	TRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use	retired.)		The role 1	Mfor					
M	8 17. FATHER'S NAME (First, Middle, Lest)		Engine R	ераттпа		Truck						
0	Michael Mondak,	Sr.			Ann Fede	ME (First, Middle, Meiden	Sumame)					
86	19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS (Street o		Route Number, City or Town	n State Zin Co	riel				
5	Helen Mondak/Wif	e	327 Ch	imney S	tone Cou	rt Hagerst	own, Ma	ryland 21742				
	20e. METHOD OF DISPOSITION 1 XBurler 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b.	PLACE AND DATEO etery, crematory or oth	F DISPOSITION (Na per place)	me of	DATE 20c. LO	CATION — City	or Town, State				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											
	Douglas A. Fiery Funeral Home											
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.											
	shock, or heart fallure.	List only one cause on e	ach line.	or enter the mo	or dynig, such	ii as cardiac or respi	ratory arrest	Interval Between Onset and Death				
	diagram on som didiagram	Congestia	e Heart	Fail:	1 2 0							
	resulting in destiny	S. Congestiv						72 hours				
NO	Sequentially list conditions,	Arterioscle	consequence of		ease			years				
EA.	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (ON AS A	CONSEQUENCE OF	,								
FI	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF);								
CERTIFICATION	resulting in deeth) LAST	d										
AL C	PART II. Other significant condition	is contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24a, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS				
2	Carcinoma of the				,	PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE				
						1 🗀 YES 2	MO MO	DF DEATH?				
PHYSICIAN: MEDIC	DID TOBACCO USE CONTI	RIBUTE TO CAUSE O	F DEATH YES	NO E	UNCERTAIN	10		16 123 2 6 110				
CIA	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER											
YSI	HOSPITAL: 1 YES 2XINO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Mursing Home 5 Residence 8 Other (Specify)											
	27. MANNER OF DEATH 1 XX Neturel 5 ☐ Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	IRY WO	RK?	28d, DESCRIBE HOW II	NJURY OCCUR	ED				
84	2 Accident Investigation	28e. PLACE OF INJURY	At home farm at		ES 2 NO	281. LOCATION (Street a	and Marshau as f	0-10-11-1				
COMPLETED	4 Homicide 8 Could not be determined	building, etc. (Spec	ify)			City or Town, Stete)	no number or r	nurer rioute number,				
PLE	290. CERTIFIER 1 KERTIFYING PHYSI	CIAN: To the best of my knowl	edge, deeth occurred	at the time, dete	end place, end due	to the cause(e) end men	ner ea stated.					
COM	one) 2 MEDICAL EXAMINE	R: On the basis of exemination	end/or investigation	, in my opinion, d	eath occured at the	time, data end placa, an	d due to the ca	suse(s) and menner ee stated.				
BE	296. SIGNATUME AND TITLE OF CERTIFIER	0 11			29c. LICENSE NUM	IBER		GNED (Month, Day, Year)				
5	30, NAME AND ADDRESS OF DEBEON WILL	O COMPLETED CALVES OF THE	TH OTEM OF C	Dr/cell	D01062		Febru	uary 6,1998				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print) Edward W. Ditto, III, M.D. 217 W. Washington St. Hagerstown, MD 21740											
	S1. DATE FILED (Morith, Day, Year) FEB 0.6 1998	32. RIGISTRAR'S SIGNA	LTI LOWER			-8		.,,,,				
	== - 1000	1	or - Madages									

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State of Maryland / Department of Health and Mental Hygiene 98 05459

						(Certifica	te o	f Death		Reg. No.	_	001	109
	Physici	ian	Decedent's Nama (First, Midd							2. Dete of D Month	eath Day	Yaa		Ime of Death
	/Medic Examir		Catherine Jose 4a. Facility Name (If not institution	-				-	4b. City, Town, or	Location of Dea		County of De	-	: 00
	Exami	iei	Washington Con						Hagers			lashing		
- 11	Funeral		5. Social Security Number		. Age (In yr		Months	r 1 Yea	ar If Under 24 Hrs	8. Date of B				Stata or Foreign
	Director		220-09-8000 Usual Residence of Decedant		87	Yr	S			July 1	9 191			rginia
	ylend		10a. State 10b. County		10c. (City, Town	or Location						10d. Ins	lde City Limits
	ith with the Maryler 23a or 28a-f show	ctor	Maryland Wasi	nington		Hage	erstown						1 0	Yas 2□No
	or 28	Dire	10e. Street and Number					p Code			10g. Citiz	zen of What (Country?	
	sath w	erai	11 W. Baltimo				10.111		1740			S.A.		
_	end 2 should be filed within 72 hours efter death with the Maryland asith and Mental Hyglena. 127 Is marked other than "natural", or Hema 23s or 28s-1 show not traumatic event, its Medical Evanthor must be not find	Funeral Director	11. Marital Status 1 □ Never Married 2 □ Mar	12. Was Deced Armed Ford 1 ☐ Yas 2	ces?	0,5.	If Yes, sp	ecify Cu	f Hispanic Orlgin? (S uban, Mexican, Puer	to Rican, etc.)	10-	14. Race - An Black, Wh		ian,
020	ai', or	by	3 XWidowed 4 □ Divorced	If Yes Give			1 ☐ Yes	2 N	o Specify:			Specify: W]	hite	
21215-0020	hin 72 ho n natur Magical	Be Completed	15. Deceder (Specify only highe	t's Education st grade completed)		16a. D	ecedent's Us Give kind of w	ial Occi	supation a during most of wo red)	rking	16b. Kir	nd of Busines	s/Industry	
121	s within liena. r than	idmi	Elementery/Secondery (0-12)	College (1-	4or 5+)									
	be filed ital Hygk d other event, it	e Co	0-8 17. Fathar's Name (First, Middle,	Last)		Col	or Set	ter	18. Mother's Ne	me (First, Middle		thing_ Sumeme)	Mfg.	
/lan	Aental Aental rked tic ev	To B	Leo Spicer						Mary	Berghma	n			
Maryland	nd 2 should I Ith and Meni 17 Is marked traumatic		19a. Informant's Name/Relations	thip (Type, Print)		19b. N	Mailing Addres	s (Stree	et end Number or Ri	ural Route Num	ber, City o	r Town, State	Zip Code	
	Health Health Jern 27 I		Donald Mease		anh		Box				1			
nor	nt of h		20a. Mathod of Disposition 1 ☐ Burlal 2 ☐ Cremation		latte		isposition (Na crematory or		1	Date		cation - City o		
altimore,	permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other tr 200.6.		4 Donation 5 Other (S		C	edar	Lawn M	emol	rial Park Irass of Facility M					ryland
ñ	Depa Impo any Ir		1000	1 Mart	mai	L			ilson Blv	innich d. Hag				nd
	1777		23a. Part1. Enter tha disaase, or shock, or heart failure. List	complications that car	usad tha da	ath. Do not						,	-	ximete al Between
	Physician			A	A								Onsa	and Death
	/Medical Examiner	Н	Immediate Cause (Final disease or condition resulting in death)	a. Aor	tic	CW	eury	20	7				, 2	years
	707	ē			Due to	(or es a co	nsequence of):						0
	tificete be executed ng physician end as the burial-transit	Examiner	Sequentially list conditions,	b. —	Due to	(or as a cor	nsequence of	:						
60,	be execian e	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	c .										
68760,	death certificate be executed e ettending physician end ed for use as the burial-transit	Physician/Medical	that initiated events rasulting in death) Last		Due to	(or as a cor	nsequence of)	:						
hine	eath certif ettending for use a	N/		d								_	1	
1 B.	the ette	sicia	Part II. Other significant condition	ons contributing to dea	th but not re	esulting In the	he underlying	cause g	given In Part I.	23b. Die	l tobacco	uae contribu	te to the c	ause of death?
98 F.O.	\$ Y #									1	Yes 2	DNo 3□	Probably	4 Unknown
ds,	8 5 9	d by								240 1110		245	More aut	opsy findings
1 03	v requin	Completed								per per	s an autop lormed?	sy 240	available	prior to on of cause
.3 &	The law rate has t page 2 s	dwo									Yes 20	346	of death?	
Lerike Vital Re		BeC	25. Was case referred to medica						26. Place of De			20110	1 1 103	20140
₹ 5	5 00 0	ို	examinar? 1 ☑ Yes 2 ☐ No			☐ ER/Outp		OA		loma 5□Res	Idence 8	Other (Sp	ecify)	
on o	tending Ph leath. tor: Aftar th the funeral	ion:	27. Manner of Death 1 ☑Netural 5 ☐ Pendir		Injury Day Year)	28b. Tim Inju	ne of iry M	28c. Inj W		28d. Describe	how Injury	y occurred		
) I	Attending ir death. octor: Aftar by the fune	ficat	2 Accident Investi 3 Suicide 6 Could	not be	f Injury - At	home, farm	n, street, facto		☐ Yes 2☐ No	28f. Location	(Street and	d Number or I	Rural Route	Number,
56	al or Att	Certification:	4 ☐ Homicide	building	, etc. (Spec	cify)		,		City or To	wn, Stete))		
Mease, Divi	To the Hospital or Atwithin 24 hours after of to the Funeral Direct completely filled in by	edical	(Check only 2 Medical	g Physicien: To the b Examiner: On the bas	est of my kr	nowledge, d	death occurred	at the	time, date and place	, and due to the	cause(s)	and menner	as steted.	use(s)
E	To the Ho within 24 To the Fu complete	Med	one) 29b. Signature and title of certifie	and manne	r stated.	Tation Gira			nse number					
	Z X Z S	1									2/	a signed (Moi	S-	out/
			30. Name and address of person	who completed cause	of death (It	em 23a) (Tu	(pe, Print)		-1-1	114 -		7/1	0	
			30. Name and address of person ABDUL WA 31. Pate filed (Month, Day, Year)	HEERD W	12-1	282	1-0A	KH	HILAVE	.HAGI	ERSI	OWN	- M	9
	Sta Registr	te	31. Data filed (Month, Day, Year)	1998 32. Be	istrar's Sign	nature 7	andell							



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month LEWIS ELLSWORTH MONNINGER February
4b. City, Town, or Location of Death /Medical 4a. Fecility Name (If not institution, give street and number) 4c. County of Deeth **Examiner** WASHINGTON COUNTY HOSPITAL HAGERSTOWN MARYLAND If Under 24 Hrs. A. Dete of Birth (Month, Day, Year)
AUGUST 3,1927 If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** Days 1 XM 2 ☐ F MARYLAND 70 Yrs. Director 219-20-1047 Usual Residence of Decadent death with the Maryland 10a State 10h County 10c. City. Town or Location 7 is marked other than "natural", or items 23s or 28a-f show traumstic svent, the Medical Examiner must be notified at 10d. Inside City Limits MARYLAND WASHINGTON HAGERSTOWN 1 Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? U.S.A. 250 NORTH MULBERRY STREET 21740 Funeral 12. Was Decedent Ever in U.S. Armed Forces?

1 2 Yes, 2 No
If Yes, 3 Yes Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. filed within 72 hours efter 1 Never Married 2 Married 21215-0020 þ Specify: WHITE 3 Widowed 4 Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Pages 1 and 2 should be filed within nent of Health end Mental Hygiene. Int: If Item 27 Is merked other than Elementary/Secondary (0-12) College (1-4or 5+) MAINTENANCE AIRCRAFT MANFG. 10 Saltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be GEORGE CLAYTON MONNINGER JOSEPHINE URTLLA SPRECHER 19a. Intormant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2 Department of Health e Important: If Item 27 is eny Injury or other tra MADELINE M. MONNINGER 250 NORTH MULBERRY STREET, HAGERSTOWN, MD. 21740 20b. Placa of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition Date 20c. Location - City or Town, State 1X Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) REST HAVEN CEMETERY 02-06-98 HAGERSTOWN, MARYLAND 21. Signature of Funeral Servica Licansee 22. Name and Address of Facility
ANDREW K. COFFMAN FUNERAL HOME -R. peel Brady 40 EAST ANTIETAM STREET, HAGERSTOWN, MD. 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel ACUTE MYOCARDIAL INFARCTION disease or condition resulting in deeth) SUDDEN Examiner Due to (or es e consequence of): attending physician and for use es the burial-transit be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or es a consequence of): Box 68760. Physician/Medical Due to (or as a consequence of) the death certificete signed by the at P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Utiknown The law requires that None Records, by Completed 24b. Were autopsy tindings available prior to completion of cause of deeth? 24a. Wes an autopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Division of Vital or Attending Physician: effer death. Director: After this certifica Be (25. Was case reterred to medical 26. Piece of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yes 2 440 28a. Date of Injury (Month, Day Year) Certification: 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Matural 5 Pending investigation NONE 1 ☐ Yes 2 ☐ No 2 Accident filled in by the 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, atreet, teclory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital 6 24 hours 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and manner as stated.
2 Medical Examinar: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and plece, end due to the cause(s) and manner stated. Medical within 24 hou To the Fune completely fil 29a. Certifier 29b. Signeture and title of certitier 29c. License number 29d. Date signed (Month, Dey, Year) 201040 02-04-98 30. Name end address of person who completed cause ot death (Item 23a) (Type, Print) BARKS M. COHOTS MD, 18700 CRESTWOOD DRIVE, HAGENTOWN, MD, 21772 32. Registras's Signature

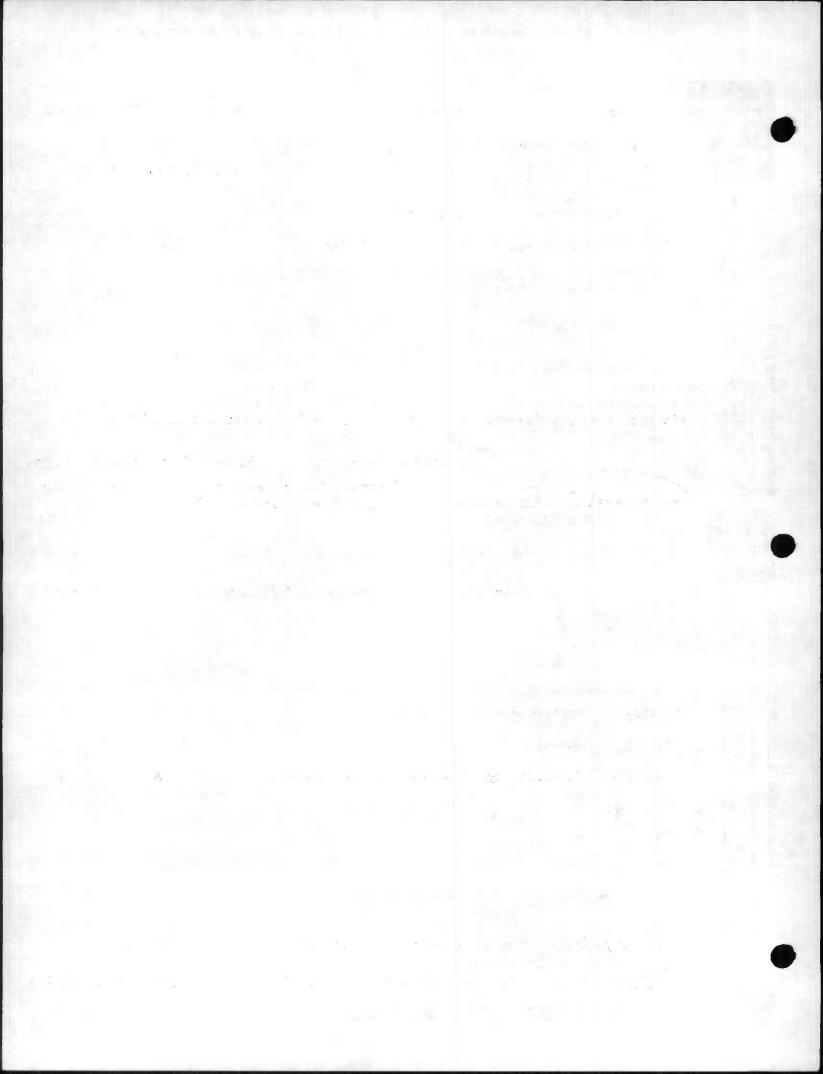
Julia Davidson-Randelle 31. Date filed (Month, Day, Yeer) State FEB 06 1998 Registrar

DHMH 16 Bev 6/95

Ells worth mannager

State of Maryland / Department of Health and Mental Hygien 8 0546

				Certifica	ate of	Death		Reg. No.				
Dhusisian	1. Decedant's Nama (First, Middla, Las	ot)				71111	2. Dete of D Month	eeth Dey	Year	3. Time of	Death	
Physician /Medical	Charles	MCFA	DDEN				Februa	ry 2, 19		6:10	PM	
Examiner	4a Facility Neme (If not institution, give	street end number)				4b. City, Town, o	r Location of Dea	th 4c. Count	y of Deeth			
Funeral Director	Franklin Square H 5. Sociel Sacurity Number 6. S 214-18-9469 x Usuel Residence of Decedant		rs. last birt	hday) If Und Month	der 1 Year is Deys	Rosedal If Undar 24 H Hours Mi	s. 8. Date of B	irth	imore ^{9. Birthp Cour} Mary	place (Stete o	r Foreigi	
f show at at or	10a. Steta 10b. County Md. Baltimor		City, Town	or Location		- 8			1	10d. inside Cli 1Ж Yas		
Direct	10e. Street and Number 1821 Kittyhawk	Rd.		101.	Zip Code 1221			10g. Citizan of USA	Whet Cour	ntry?		
trei rystere: d other than "natural; or items 23a or 28a-f show event, the Medical Examiner must be notified at Be Completed by Funeral Director	11. Meritel Status 1 Navar Merried 2 Married Midowed 4 Divorced	12. Wes Dacedant Evar In Armed Forces? Mayes 2 Now W If Yes, Give Yeer or Detes:	u,s. II	If Yas, s	cedent of I pecify Cub 2 XNo	en, Mexican, Pue	(Specify Yas or Nerto Rican, etc.)		ca - Americ ack, White, ity: Wh			
dirai dirai	15. Decedent's Ed (Specify only highest gre		16e.	Decedent's U	work done	during most of w	rorking	16b. Kind of E	3usiness/In	dustry		
To Be Completed	Elamantary/Secondary (0-12)	Collaga (1-4or 5+)		lifa. DO NOT	use retire	rd)		Cemen	t			
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am 27 other tr	Unknown 19a. Informent's Name/Reletionship (Type, Print) Alverta Mordan/friend 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Ste 1821 Kittyhawk Rd.Balt. Md. 2122 20b. Mathod of Disposition 4 Burial 2 Cremetion 3 Removel from Stete											
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importa any Inju pnce.	17. Father's Nama (First, Middle, Last) Unknown 19a. Informent's Name/Reletionship (Type, Print) Alverta Mordan/friend 20e. Mathod of Disposition 10 Burial 2 Cremetion 3 Removel from Stete 4 Donetion 5 Other (Specify) 21. Signature of Funerel Servica Licansee 18. Mothar's Name (First, Middle, Maiden Sumeme) Unknown 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, Stete, Zip Co. 1821 Kittyhawk Rd. Balt. Md. 21221 20b. Plece of Disposition (Neme of cametery, cremetory or other plece) Asbury Cemetery 22. Name and Addrass of Facility Burner Trade Services 1037 Dual											
	Hagerstown, Md. 21740 23a. Pert1. Enter the diseasa, or complications thet caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one cause on each line. Approximata Intervel Between											
rsician ledical aminer	Immediate Ceuse (Final disease or condition rasulting in death)			consaquenca (1				Onset end I	S	
nding physician end use es the burial-transit	Sequentielly list conditions, if any, leeding to immediate ceusa. Enter Underlying Cause (Disaese or Injury that initieled events resulting in deeth) Last	C	(or es e o	consequence of	of):	cular di	sease			10 yea	rs	
of of	Part II. Other eignificant conditions or	potributing to death but not r	esulting in	the underivin	n causa ni	iven in Part I	23h Di	d tobacco uea c	ontributa (to the cause (of death?	
ed by the attend detached for us y Physician/										obably 4		
page 2 should be det page 2 should be det Completed by P	History of diabet	es					24a. We	es an autopsy formed?	av cc	Vere autopsy f vailable prior to omplation of c f daath?	to	
certificate has rector, page 2 Be Comp	History of idiopa	thic hypertro	ophic	subao	rtic			Yes 2 No	1	□ Yes 2□	No	
rector, pag	25. Wes casa referred to medical examinar?	Hospital:			_ Ot	har:	eath (Check only					
	1 ☐ Yes 2 ☒ No 27. Mannar of Deeth 1 ☒ Natural 5 ☐ Panding	1 Inpatient 2 28a. Date of Injury (Month, Dey Year)	28b. T	ima of njury	28c. Inju	iry at ork?	Home 5 Re 28d. Describ	e how injury occu		(3)		
within 24 hours enter the author to the Fuerent Director; After this completely filled in by the funeral director Medical Certification: To	2 Accident invastigation 3 Sulcide 6 Could not be 4 Homicide datarmined		t home, fe	M rm, street, fac]Yas 2□No		(Street and Num own, Stete)	bar or Aur	rel Route Num	ber,	
se Funeral oletely filled edical C		ysician: To the best of my k liner: On the basis of exami end menner steted.									;)	
To the comple	29b. Signeture end title of cartifier	, m	1			se number	11 0	29d. Data sign	ed (Month,	, Day, Year)		
	30. Name and address of person who	complated causa of daath (II			170.	R Alas	in. No	BOOT	m1). 21	277	
State	31. Date filed (Month, Day, Year)	32. Registrar's Sig	1,	5	0/8	1) 4.61		<i>v</i> ,		,		



State of Maryland / Department of Health and Mental Hygiene 9 8 0 5 4 6 2

Certificate of Death

						Cei	rtificate o	f Deatl	7	R	eg. No.		J 7 0 6			
	Physic	ian	1. Decedant's Nama (First, Middle							2. Data of Deat	h	4 Voero	3. Tima of Daeth			
Ų	/Medi		Paul Everett							February	Day	1998	05:00±			
	Exami	ner	4e. Fecility Nema (If not institution 11437 Kemps M		nber)			Will	iamsp			of Death shing	ton			
	Funeral Director		5. Social Sacurity Number 219-12-0533 Usual Rasidence of Dacadant	6. Sex 1X M 2□ F	7. Aga (In yrs. last b	irthday) Yrs.	If Under 1 Yas Months Day		Min.	8. Data of Birth (Month, Day, Jan. 12,	Year) 1925	9. Birthp Coun Ma	laca (Stata or Foreign try) ryland			
	e Maryland Ba-f show	Director	10a. Stata 10b. County	ington	10c. City, To		cation /illiams	port				1	0d. Insida City Limits 1 ☐ Yas 2 ☐XNo			
	th with th	al Dire	10a. Street and Number 11437 Kemps Mi	II Road			10f. Zip Code 217			1	og. Citizan of USA		try?			
020	72 hours efter death with the Maryland "netural", or items 23a or 28a-f show edical Examiner must be notified at	by Funeral	11. Marital Status 1 ☐ Navar Married 2 ☐ Marri 3 ☐ Widowed 4 ズ Divorcad	Armed Fo	2 Ø No a		Was Decedent of f Yas, specify Cu 1 ☐ Yes 2 💢 N			pacify Yes or No- Rican, atc.)		ce - Americ ck, Whita, y: Wh				
Maryland 21215-0020	d within giene. r than	Completed	15. Dacedent (Specify only highas Elementery/Secondery (0-12)			Giva Iife. L	dant's Usual Occ kind of work don DO NOT usa retii Custod	a during mo red)	st of worl	king	16b. Kind of B		oustry cation			
/land	should be filed ind Mentel Hygid marked other umatic event, the	To Be C	17. Fether's Nema (First, Middla, L Harry Milton	*						Belle	Maidan Suman Mowen	na)				
	C/ 00 m m	•	19e. Informant's Name/Relationsh Kim Lowery / P										Code)			
Baltimore,	Pages 1 end nent of Health Int: If itam 27 Iry or other tr		20a. Mathod of Disposition 1X Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spacify) 20b. Place of Disposition (Nama of cematery, cramatory or other place) Greenlawn Memorial Park 2-5-98 Williamsp													
Balt	permit. Pages Department of Important: If it eny injury or once.		Kim Lowery / Per. Rep. 12434 Ashton Rd. Clear Spring, MD 21722 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from Stata 4 Donation 5 Othar (Spacify) 20b. Placa of Disposition (Nama of cematory or othar place) Green Lawn Memorial Park 2-5-98 21. Signature of Funaral Sarvica Literature 22. Nama and Address of Facility Osborne Funeral Home 425 S. Conococheague St. Williamsport, MD 23a. Ram Epide Ha disease, or complications that causad tha deeth. Do not antar the moda of dying, such as cardiac or respiratory arrast, Interval Batw													
	Physician /Medical Examiner	ner	Immadiata Causa (Final disease or condition rasulting in daeth)	nly ona ceusa on a	ausad tha deeth. Do ach line.	not ante	ar the moda of d	ying, such a	s cardiac	or respiratory arra			Approximata Interval Batween Onset end Death 3 hrs			
o,	executed an and riel-transi	Examiner	Sequantially list conditions, if any, laading to immediata cause. Enter Undarlying	b	Dua to (or es a	(or es a consequança of):										
ox 68760,	eath certificete be executed attending physician and for use as the buriel-transit	Cause (Disaasa or Injury thet initiated avents rasulting in deeth) Lest Dua to (or as a consaquanca of):														
œ.	0 0 0	by Physicia	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.								bacco use co		the cause of death?			
Records,	aw requisite been 2 should	Completed t								24a. Was ar perform		ave	re autopsy findings ollable prior to appletion of ceusa death?			
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>	Physician: r this certific and director,	To	axeminar? 1 □ Yas 200 No	Hospital: 1 🗆 Ir	npatiant 2 ER/O	utpetian	t 30 DOA	ther.		oma 5 ARasida		ar (Specify)			
onoi	nding Ph th. : After thi e funeral		27. Manner of Deeth Natural 5 Panding 2 Accidant invastiga			Time of Injury	28c. Inj W	ury at ork? ☐Yes ≥ h	No	28d. Dascribe ho	w Injury occur	red				
Division of	s effer des i Director d in by th	Certification:	3 Suicide 6 Could no 4 Homicida data mir	ot be 28a. Place building	of Injury - At homa, g, atc. (Specify)	arm. stre	net Jettory, office			City or Town	reet and Numb , State)	oor of Aurai	Route Number,			
	To the Hospital or Attanding Phywitin 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edicai (29a. Certifiar (Check only one) 1 Cartifying 2 Medical E	Physicien: To tha i xaminer: On tha ba end mann	past of my knowladge sis of axamination er ar stated.	e, deeth nd/or Inv	occurrad at the astigation, In my	time, date e opinion, de	nd plece, ath occur	end dua to tha ca rad at the time, de	use(s) end me te end placa,	enner as sta and dua to	ated. tha cause(s)			
	To the To the Company of the Company	M	29b. Signatura and titla of certifler	Mr. lit	e ali	0		og3	6		2 - 3 ~	d (Month, 1	Day, Yaar)			
			MEBYRK	no implated cause	of deeth (Itam 23a) ByrKit	(Тура, Г	Print) W	rllsi	ms	port	Me	P				
	Sta Registr		31. Data filad (Month, Day, Yaar) FEB 0 4	1998 32. Ra	gistral's Signatura Julia Davids	~- R				1						

THE DESCRIPTION OF THE PROPERTY. ENT THERESENDS AND THE YES THE WAY SENT

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** F. 27, 1998 William January 5:56 McClelland am /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner La Plata Physicians Memorial Hospital Charles 5. Sociel Security Number If Under 1 Year | If Under 24 Hrs. 7. Age (In yrs. last birthday) Dete of Birth (Month, Dey, Year) 9. Birthplece (State or ForeignH **Funeral** 1 X M 2 □ F Deys Yrs. Director 57 12, 1940 Mingo Junction 300-32-8030 Usuel Residence of Deceden 10a Stete 10h Counts 10c. City, Town or Location 10d. Inside City Limifs 28a-f show must be notified at Director 1 X Yes 2 □ No Jefferson Steubenville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ö 43592 1627 State Street United States **І**тетв 23a Funeral filed within 72 hours after death 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Black, White, etc. 11 Maritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 25th Married 21215-0020 "natural", or 1 ☐ Yes 2 ☒ No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) nd Mental Hygiene. marked other than Elementery/Secondary (0-12) Coltege (1-4or 5+) 12 Hair Stylist Cosmetology Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) . Peges 1 end 2 should be fill ment of Health and Mental Hant: If item 27 is marked oth lury or other traumatic even Be William L. McClelland Pauline R. Mosley 19e. informent's Neme/Reletionship (Type, Pnint) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Steubenville, Ohio 43592 Barbara Church (Sister) 1627 State Street 20e. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other place) 20c. Location - City or Town, Stafe 1 XBuriel 2 ☐ Cremetion 3 ☐ Removel from State January permit. Pege Department of Important: If any Injury or once. 4 Donefion 5 Other (Specify) 30, 1998Steubenville, Ohio Union Cemetery 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility
Gregory Funeral Home MON 2028 Delaware Ave., Weirton, WV. 26062 the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, art feilure. List only one cause on each line. Approximete Intervel Between **Physician** Immediete Cause (Finel disease or condition resulting in deeth) Examiner Physician/Medical Examiner The law requires that the death certificate be executed shysician end the bunial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initieted events resulting in death) Lest P.O. Box 68760, ettending physician 98 Part Ii. Other eignificent conditions confributing to death but not resulting in the underlying ceuse given in Pert i. 23b. Did tobacco use contribute to the cause of death? ete hes been signed by page 2 should be detec 1 ☐ Yes 2 ☐ No 3k Probably 4 ☐ Unknown Records. þ 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24a. Wes en eutopsy performed? 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: director. Be 25. Was case referred to medical 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 X Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this s efter death.
I Director: After this
of in by the funeral di 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury et Work? 5 Pending investigation 1 X Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of injury - Af home, farm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide To the Hospital within 24 hours e To the Funeral C completely filled Hospital pelli edicai 1XX Certifying Physician: To the best of my knowledge, death occurred ef fine fime, dete end pleca, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, date end plece, end due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of cartifier cense number 29d. Defe signed (Month, Dey, Year) -20629 January 29, 1998

ass of person who completed cause of deeth (item 23a) (Type, Print)

32. Registrer's Signeture

whia Davidson-Randall

George Wathen, M.D.

FEB

31. Dete filed (Month, Dey, Year)

11345 Pembrooke Square Suite 103

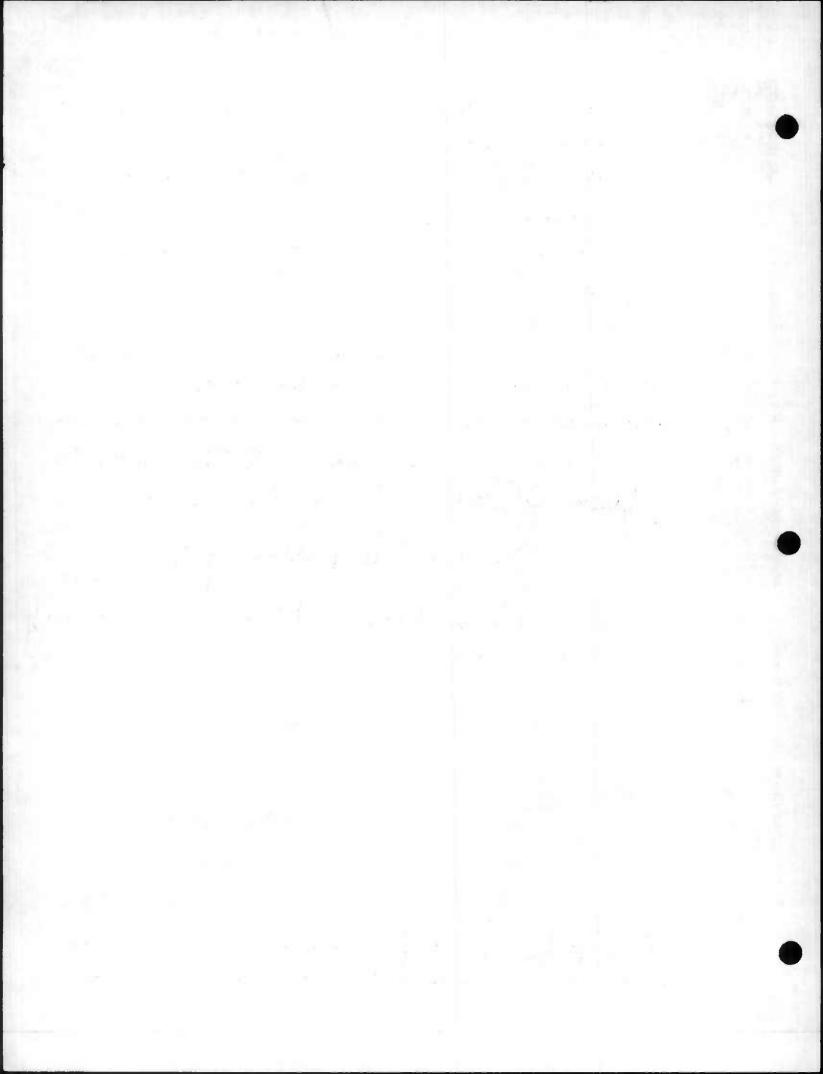
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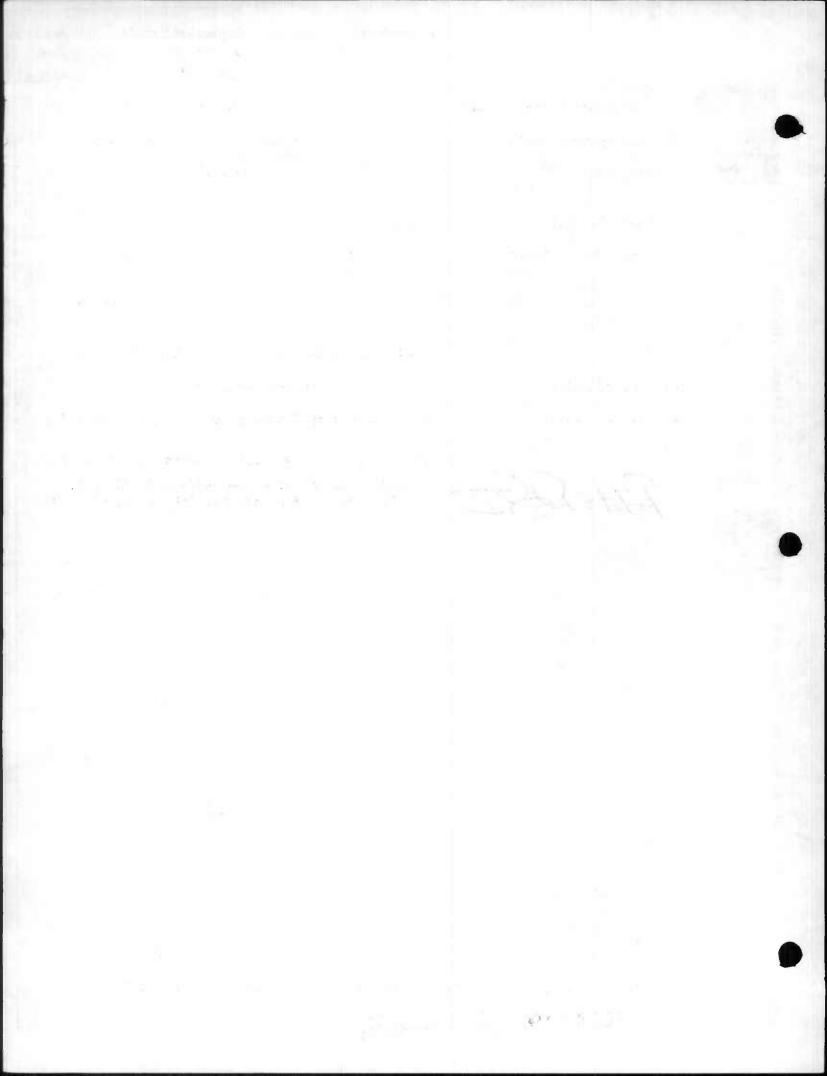
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State of Maryland / Department of Health and Mental Hygiene

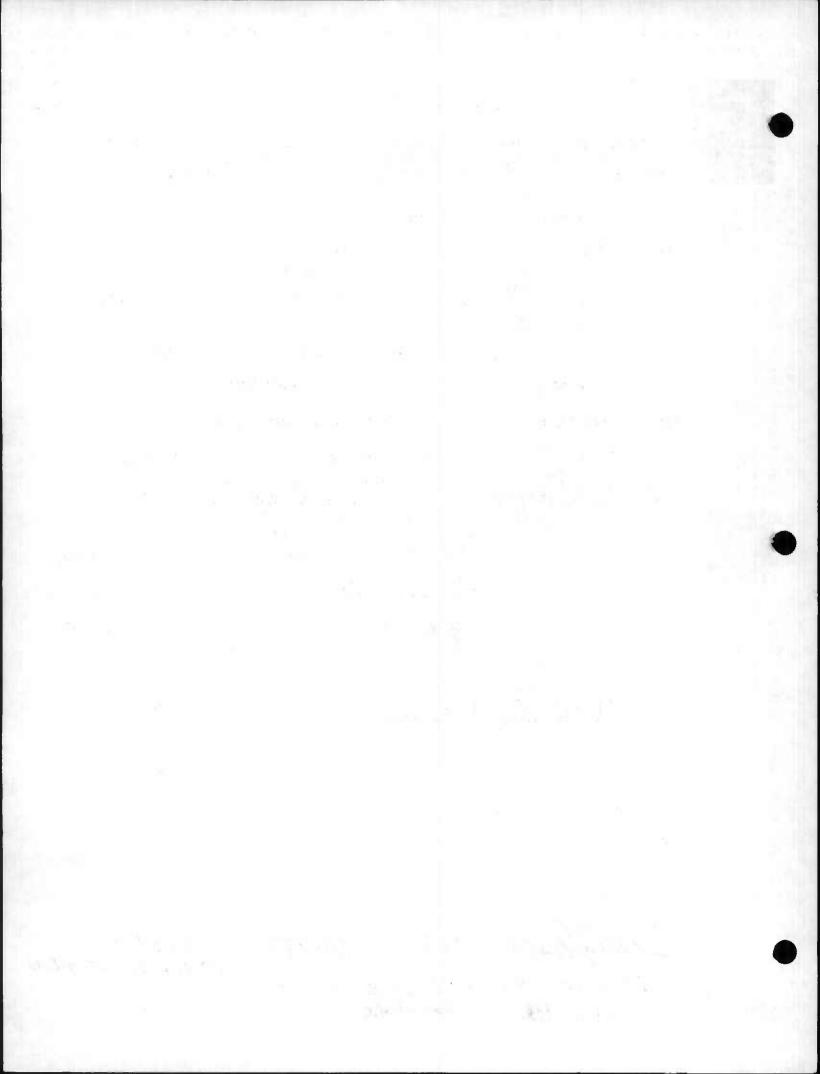
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month **Physician** FRANKLIN RUSSELL MILES February 4, 1998 7:22 PM /Medical 4a. Fecility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 179 Stoneybrook Court Frederick Frederick If Under 1 Year It Under 24 Hrs. 8. Date of Birth
Month, Day, Year) 5. Social Security Number 6. Sex 1 ☑ M 2 ☐ F 7. Age (In vrs. lest birthday) Birthplace (State or Foraign Country) **Funeral** Months 75 Yrs. 044-18-1992 Nov. 17, Director 1922 Connecticut Usuel Residence of Decedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mentel Hygiana. Important: If Item 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, its Medical Examinar must be now that 10e. Stete 10b. County 10c. City. Town or Location 10d. tnside City Limits 1 X Yes 2 □ No Director Maryland Frederick Frederick 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? 179 Stoneybrook Court 21702 U.S.A. 12. Was Decadent Evar In U,S. Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yas or No-It Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, atc. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: þ 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Aircraft Mechanic U.S. Air Force 17. Fether's Neme (First Middle Last) 18. Mother's Neme (First, Middle, Meiden Surneme) John Edward Miles Susanna Williams 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary N. Miles/Wife 179 Stoneybrook Court, Frederick, Maryland 21702 20b. Place of Disposition (Neme of cemetery, crametory or other pleca) 20e. Method ot Disposition 20c. Location - City or Town, Stete 1 Burial 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 2/10/98 Oxford, Connecticut Oxford U.C.C. Cemetery 21. Signature of Pymeral Service Ligarises ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET STREET, FREDERICK, MD 21701 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximete Onset end Deeth **Physician** Coxebral Suparection /Medical Immediate Cause (Final disaase or condition resulting in deeth) Examiner Examiner XXXXXXOCLION physician and the burial-transit Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence ot): Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence ot) ettending p for use es 80 signed by the e Part II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part t. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy tindings availabla prior to completion of causa of deeth? 24a. Was en eutopsy performed? Completed peed paga 2 s has 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No or Attending Physician: after death. Director: After this cartific director, 25. Wes cese reterred to medicel exeminer?
1 ☐ Yes 2 ☐ No Be 28. Piece of Death (Check only one) Hospital: 1 npatient 2 EP/Outpetient 3 DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 28e. Dete of Injury (Month, Dey Yeer) funarei 27. Menner of Deeth 28d. Describe how Injury occurred 28b. Time of 28c. Injury et Work? Certification: 1 Netural 5 Pending investigation 1 TYes 2 TNo 2 Accident 6 Could not be determined 3 Suicide 28t. Location (Street end Number or Rural Route Number, City or Town, State) Plece of Injury - At home, tarm, street, tectory, office building, etc. (Specify) 4 | Homicide Hospital 24 hours a Funeral D 1 Certifying Phyeiclan: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted. 29e. Certifier Medicai completaly (Check only one) 2 Medical Exeminer: On the basis of axaminetion and/or Investigetion, In my opinion, deeth occurred at the time, data and place, and due to the ceuse(s) end menner stated. vithin 2 To the 29b. Signatura and title of cartifiar 29c. License number 29d. Data signad (Month, Day, Year) 020302 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 195 Thomas Johnson Drive, Frederick, Maryland 21702 William H. Convey, MD 31. Dete tiled (Month, Dey, Yeer) 32. Registrer's Signeture State Juli Develor Rada Registrar

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene QR OSLAS

						Certificate of I	Death		Reg. No.	0 0 0	400	
	D!!-		1. Decedant's Name (First, Middla, Le	st)				2. Deta of De Month	ath	Yeer	3. Time of Deeth	
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L			Frederick memorial			WHI I WAY	Frederick	_		rederick		
	Funeral Director		5. Social Security Number 577–20–9837 Usuel Residence of Decedent	ex 7. Aga (In	yrs. last birtl Y	nday) If Undar 1 Yaar Months Deys	If Undar 24 Hrs. Hours Min.	8. Data of Bin Month, De Aug. 3,	1912	9. Birthplace Country)	a (State or Foreign	
	/land		10a. Stete 10b. County	100	c. City, Town	or Location				10d.	Inside City Limits	
	Man a-f sh	tor	Md. Frederic	k	Mid	iletown					1 □ Yas 2 No	
	th with the 23a or 28 Int be not	Funeral Director	10e. Street end Number 4207 Garnet Dr.	,		10f. Zip Code 21.76	9		10g. Citizen of 1	Whet Country's	?	
020	72 hours after death with the Maryland netural; or items 23s or 28s-1 show pical Examiner must be notified at	by	11. Maritel Stetus 1 ☐ Never Married 2 ☐ Marriad 3 ☑ Widowed 4 ☐ Divorced	12. Wes Decedent Evar Armed Forcas? 1 XYes 2 ☐ No If Yes, Give Year or Detes:We		13. Was Decedent of H If Yas, specify Cuba 1 ☐ Yes 2 ☑ No		pecify Yes or No Rican, etc.)		e - American ck, White, etc. v: White	Indien,	
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Baltimore,	Pagas 1 and 2 nant of Haeith a int: If item 27 is ury or other tra		20e. Method of Disposition 1 Burial 2 Cametion 3 4 Donetion 5 Other (Specify	Removal from State	0b. Place of cemetery	Disposition (Neme of cremetory or other please cremetory	e)	Dete 2/3	20c. Location		Stete	
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P.O. Box 68760,	tha daath cartif y tha ettanding iched for usa e	Physician/Medical	Cause (Disease or Injury that initiated events resulting in death) Last	d.			en in Pert I.	23b. Did 1	-0		e cause of death?	
of Vital Records,	aw requires that as been signed b 2 should be date	Completed by						24a. Was perfo	en eutopsy med?	avallet	eutopsy findings ble prior to etion of cause th?	
20	The law ate has t page 2 s	Соп						10	res 20 No	1 🗆 Ye	es 2 No	
/ita	ician: The certificate rector, pag	Be (25. Wes case reterred to medical axaminer?			1 -	26. Piece of Dee	th (Check only o	ne)			
of	Physician: this certific ral director,	J.	1 Yes 2 No		2 ER/Out		4 □ Nursing Ho	ome 5 Resid				
	ding h. After fune	tion	27. Manner of Deeth 17 Natural 5 Pending Investigation	28e. Date of Injury (Month, Dey Yea	28b. Ti	jury Worl	y et k? Yes 2 □ No	zoa. Describe i	now injury occur	rea		
Division	al or Attending s after death. I Director: After d in by the fune	Certification:	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined			m, street, tactory, office	100 20110	28f. Location (S City or Tov	Street end Numb vn, Stete)	per or Rural Re	oute Number,	
	To the Hospital or within 24 hours afte To the Funeral Dir completaly filled in	edical C	29a. Certifier (Check only one)	ysician: To the best of my liner: On the basis of exal end menner stated.	knowledge, minetion end	deeth occurred et the tim for Investigation, in my op	ne, dete end plece, pinion, death occur	end due to the red et the time,	cause(s) end mo date end placa,	enner es stete end due to the	d. e cause(s)	
	To the within 2 To the comple	Me	29b. Signeture end title of certitie	w M	(N)	29c. License	e number F 7,557-		29d. Date signe			
			30. Neme end address of person who			ype, Print) LEDERICK, 1	hin 21702	DR	WILLI HO	4 H.J	UHNSON	
	Sta	ite	31. Dete tiled (Month, Day, Year)	32. Registrar's S	gnature	RIA						



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State of Maryland / Department of Health and Mental Hygiene 3 5 4 6 6

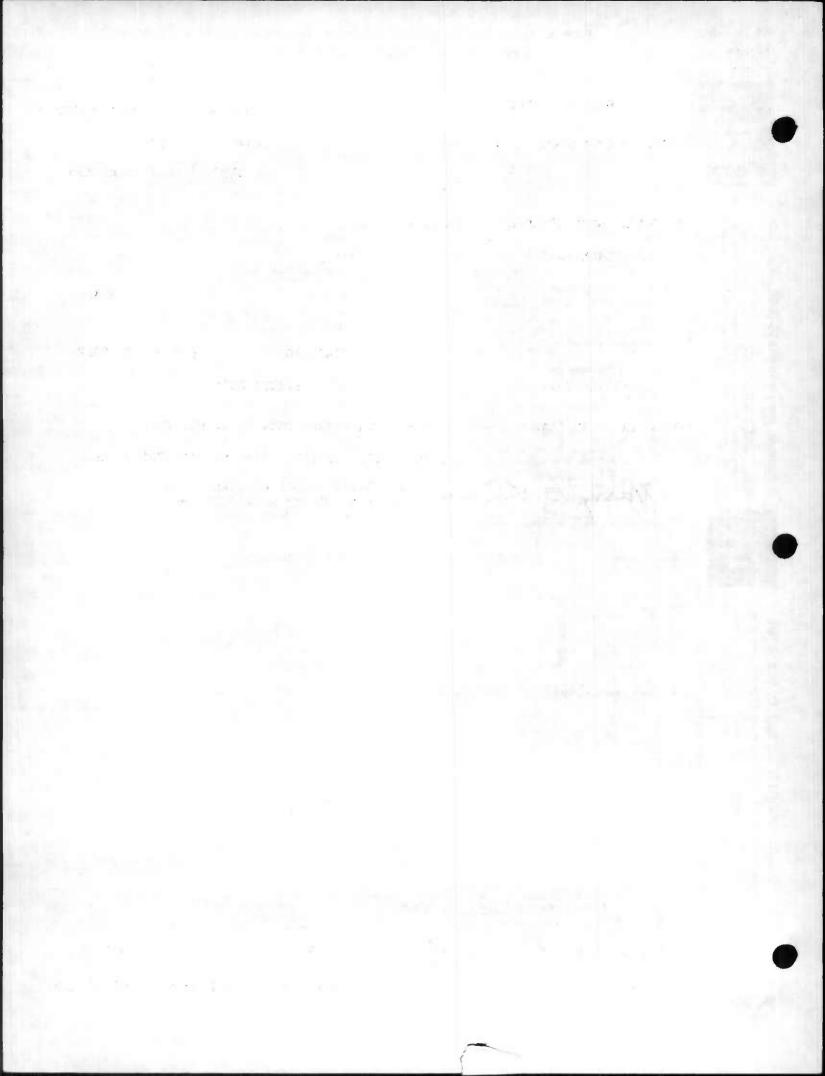
					•	Certificate	e of Dea	ath	Re	g. No.		700
	Dhunia	ian	1. Decadant's Nama (First, Middla, Last)						2. Data of Death Month	Day	Yaar	3. Tima of Death
	Physic /Medi		Mary Cathe	erine Pum	phrey				January	27, 19	98	10:35PM
	Exami		4a. Facility Nama (If not Institution, giva s	straat and number)			4b. City	y, Town, or Loc	cation of Death	4c. County	of Death	
			Anne Arundel Medi	ical Cente	er			Annapo	lis	Anne	Aruno	iel
	Funeral Director		213-20-9735	MA OF W	(In yrs. last birt	hday) If Undar Months		ndar 24 Hrs. urs Min.	8. Date of Birth (Month, Day, March 29	Year) 9 1925	9. Birthplac Country Mary	a (Stata or Foraign Land
200	how		Usual Rasidance of Decedant 10e. Steta 10b. County		10c. City, Town	or Location					10d	. Insida City Limits
A Ban	28a-f e	Funeral Director	MD Anne Arun	ndel		Annapol						1 ☐ Yes 2 🕅 No
4	8	ā				10f. Zip				g. Citizan of W		
4	23	ra	1840 Milvale Road				21401			United		
020	s should be incumining / 2 hours aries death with the marylend and Mentel Hygiens. I marked other than "natural", or items 23a or 28a-f ehow aumatic event, tra Medical Examinat must be notified at	by	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armed Forcas? 1 ☐ Yas 2000 If Yas, Giva Yaar or Datas:		13. Was Deced	lanf of Hispeni ify Cuban, Ma XXNo Spe		cify Yas or No- Rican, etc.)		e - Amarican k, White, atc : Whit	
Maryland 21215-0020	"natur	Completed	15. Decedant's Educ (Specify only highast grade	cation a completed)	16a.	Decedant's Usua (Giva kind of wor life. DO NOT us	k dona during	most of workin	9 1	6b. Kind of Bu	sinass/Indus	itry
d 2121	rgiene.	Comp	Elamantary/Secondary (0-12)	Collaga (1-4or 5-	-)		emaker			Но	me	
nd	E S	Be	17. Fether's Nama (First, Middla, Last)				18. N	Aothar's Nama	(First, Middle, M	aidan Sumam	a)	
X 3	and Mentel is marked of umatic eve	70	Martin Edwards					Clar	a Louis	e Heize	er	
lar	Due s		19a. Informant's Name/Ralationship (Ty)	рө, Print)	19b.	Mailing Addrass	(Straat and N	um <i>ber</i> or Rura	Routa Number,	City or Town,	Stata, Zip Co	oda)
			Grover Benjamin Pu	mphrey (S	Son) 18	40 Milv	ale Roa	ad Ann	apolis,	Mary1a	nd 214	+01
ore .	I tan		20a. Mathod of Disposition		20b. Place of	Disposition (Name), crametory or of	na of		Dafa 2	0c. Location -	City or Town	, Stata
mor	nt: If		1 X Burlal 2 ☐ Cramation 3 ☐ Ri 4 ☐ Donation 5 ☐ Othar (Specify)	amoval from State		ridge M		l Park	1/30/98	Elkrid	ge, Ma	aryland
Baltimore,	Department of Important: If it any injury or one		2) Signature of Funeral Service License	"I f		22. Name en	d Addrass of F	John	M. Taylo	r Fune	ral Ho	ome, Inc. MD 21401
			23a. Part1. Entar tha disaasa, or complishock, or haart failura. List only on	cations that causad t	ha daath. Don						A	pproximata
	hysician /Medical xaminer	J.	Immediata Causa (Final disaasa or condition rasulting In daath) a	Car	liopalu Dua to (or as a c	onsaquanca of):	west	-			0	nsat and Death
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ָהַ בְּּ	ettendin for use	Physician/	Dad II Other standard and date	h-1h- at- a d - ab- b- a					an Dila			
5	y the	Jysi	Part II. Other algnificant conditions cont	tributing to death but	not rasulting In	tha undarlying ca	ausa givan In F	Part I.				ne cause of death?
	igned by the e	by Pi	Deabler Mel	tilus					1 U Ye	s 2EMO	3 Probat	bly 4 🗆 Unknown
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Y a	ate hes	OT							1 Tas	2 1 No	1 🗆 Y	fas 2□ No
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	deeth. ctor: After thi y the funeral		27. Mannar of Death 1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant invastigation	28a. Data of Injury (Month, Day	Year) 28b. Ti	ma of 20 jury M	8c. Injury af Work? 1 ☐ Yas	2	8d. Dascribe hov			
DIVISION alor Attending	s efter de al Directo ed in by ti	Certification:	3 Suicida 6 Could not be 4 Homicida datarmined	28a. Place of Injur building, atc.	y - At homa, far (Specify)	m, streat, factory	, office	2	8f, Location (Str. City or Town,	sat and Numbe Stata)	er or Rural R	louta Numbar,
Ne Hospi	within 24 hours efter To the Funeral Directory filled in L	edical	29a. Cartifier 1 ☐ Certifying Phyai (Check only one) 1 ☐ Certifying Phyai 2 ☐ Medical Examin	ician: To tha best of ar: On tha basis of a and mannar state	xamination and	daath occurred a /or invastigation,	at the fime, det In my opinion,	ta and placa, a , daath occurre	nd dua to tha car d at tha tima, da	usa(s) and ma ta and placa, a	nnar as state and dua to fh	ad. a causa(s)
Tot	Tot	Σ	29b. Signatura and fitla of cartifiar	- 11	-	29c	Licansa num		29	d. Dete signad	(Month, De	y, Year)
			Pobt M.	Cul	\sim		D26	3)3		1/2	8128	
			30. Nama and addrass of person who cor	mplated causa of dar		Type, Print) Ro	bert M	Green	ofield,	M.D.	2180	91
	Sta	ite		320Registrar	's Signatura	100		7	3	-(
State Registrar 31. Data filed (Month Pay Year) 1998 32. Registrar's Signatura Fundamental State State Registrar's Signatura Survivion—Random Andrew 32. Registrar's Signatura												

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1 001113	:23a part I,2			2/25/	98 Cei	rtifica	te of	Death		Reg. No.	03	401		
Physician /Medical	Decedent's Name (First, Middle, Last) O * NEAL POWELL								2. Date of Do Month	Day	Year	Time of Death		
Examiner	4a Facility Name (If	not institution, give	street end number)				4	b. City, Town, or	or Location of Death 4c. County of Death					
Funeral Director	JOHNS HOPKINS GERIATRICS CENTER 5. Social Security Number 1 M 2 F 7. Age (In yrs. last birthday) 1 M 2 F 6.						er 1 Year S Days	BALTIM If Under 24 Hrs Hours Min.	ORE 8. Date of Bi (Month, D) SEPT.	(Stete or Foreign				
ž	Usual Rasidence of I	10b. County		10c. Cit	y, Town or Lo	cation					10d,	Inside City Limits		
notfied	MARYLAND	ANNE ADII										1 ☐ Yes 2 ☐ No		
Directo		MARYLAND ANNE ARUNDEL DAVIDSONVILLE 10e. Street and Number 10f. Zip								10g. Citizen of What Country?				
	ROSSI	BACK ROAD					21035				US			
by Funeral	11. Marital Status 1 Never Marrie 3 Widowed 4	d 2 Married	12. Was Decedent Armed Forces? 1 Yes 2 the Yes, Give Year or Dates:			Was Dec		ilspanic Origin? (S in, Mexican, Puer Specify:	pecity Yes or N to Ricen, etc.)	o- 14. Rac Blac Specify	e - American I ck, White, etc.			
Completed	(Specification (Speci	15. Decedent's Educy only highest grade dary (0-12)	Collega (1-4or :	ga (1-4or 5+) lifa. DO NOT us			work done during most of working use retired)			16b. Kind of Business/Industry				
		11th 0 17. Father's Name (First, Middle, Last)							OMESTIC OUT OF THE HOME					
o Be		HALL POWE	LL					18. Mother's Name (First, Middle, Maiden Sumame) BERTHA OSBORNE						
5	19a. Informant's Nar				19b. Maifin	ng Addra	ss (Street	end Number or R			Stata, Zip Coo	de)		
	PHEDOCIA I				914 M	ARCY	AVEN	UE OXON	HILL. M	D. 20745				
To	20a. Method of Dispo	osition		20b. P	lace of Dispo	sition (A	eme of		Date	20c. Location -		State		
		Cremation 3 □R □Other (Specify)	emoval from State	ANNAPOLIS MEM. G				1 1		98 ANNAPOLIS, MD.				
any Injury or other traun pnce.	21. Signature of Funeral Service Licensee 22. Name and Address of Facility WM. REESE & SONS MORTUARY, P.A. 821 WEST STREET ANNAPOLIS, MD. 21401													
s the buriel-transit call in a call	Immediate Cause (F disease or condition resulting in death)	in a l	GUNSHOT		OF HEAD			ICATIONS						
edical Examiner	Sequentially list conditions, if any, feading to immediate causa. Enter Undertying Causa (Disease or injury that initiated events Due to (or as a consequence of): Due to (or as a consequence of):													
Physician/Med														
be detached for use a by Physician/Me	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pa								23b. Did	i tobacco use co	ntribute to the	e cause of death?		
by Phy									1 ☐ Yes 2 ②ENO 3 ☐ Probably 4			ly 4 ☐ Unknown		
2 should pleted										s en autopsy formed?	svailal	autopsy findings ble prior to etion of cause th?		
rector, page									12	Yes 2□No	URTY	es 2 No		
Be Be	25. Was cesa referre		1 M - 1.				la:		ath (Check only	one)			ign its No	
riii	1)X) Yes 2 N 27. Manner of Death 1 Natural	lo H	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence						esidence 6 Other (Specify) se how injury occurred			?		
iffca	2 Accident 3 Suicide 4 MHomicida	Investigation 6 Could not be datarmined	7/17/69 unknown M 1 □ Ye					Yes 2/17/No	subject was shot 28f. Location (Street and Number or Rural Route Number, City or Town, State) Ft. Meade, Anne Arunde County, Md.					
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Me	29b. Signature and ti	29b. Signature and title of certifier 29c.								29d. Date signed (Month, Dey, Year)			ĺ	
	30 Name and address	Adyph A Vlord Name and address of person who completed cause of daath (Itel				D Print)	0.C	.M.E.		JANUARY 28,1998				
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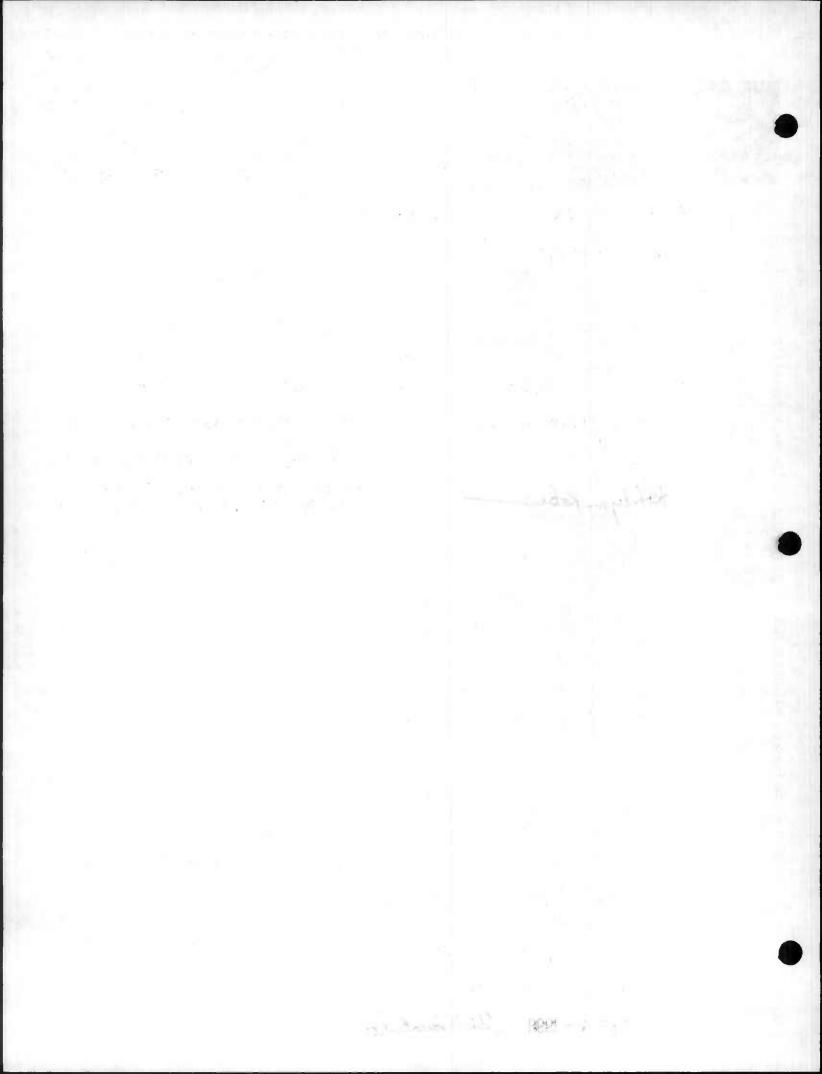
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							C	ertifi	cate of	Death		R	eg. No.				
	Dhamia		Decedent's Name (First, Middle, Last)									2. Date of Deeth Month Day Ye			3. Time of Death		
Physician /Medical			John William Phibbons									February 2 199		8 Year 10:30AM			
	Exami		4a. Fecility Name (If not institution, give street and number)							4b. City, To	wn, or L	ocation of Deeth	4c. County	4c. County of Death			
			Anne Arundel Medical Center							An	nap	olis	Anne Arundel		undel		
	Funeral		5. Social Security Number		Sex	7. Age (In)	rs. last birthe		Under 1 Year		24 Hrs.	8. Dete of Birth	Vanel	9. Birthplace (State or Forei			
в	Director		214-12-8132		1√3 M 2□ F 78		Yn	Yrs.		Hours Min.		Nov 15	1919 M		thplace (State or Foreign puntry) aryland		
D	D		Usual Residence of Decede	nt					11	-							
	how	Funeral Director	10a. State 10b. Co	ounty		10c.	City, Town	r Locatio	n					1	Od. Inside City Limits		
	Paris Ma		MD	Anne	Arunde	1		F	Edgewa	ter					1 ☐ Yes 2 🖽 No		
t t	or 28	ire.	10e. Street and Number						of. Zip Code			1	10g. Citizen of What Country?				
	th wi	ie L	17 Virginia Avenue							21037	,		United States				
d 21215-0020 filed within 72 hours efter death with the Marylend bysione	dea	ner	11. Marital Status 12. Was Decedent Ever in U,S.					3. Was I	Decedent of	Hispanic On	gin? (Sp	pecify Yes or No- Rican, etc.)		e - American Indian,			
	or its	1	# You Give				944-				i, rueito	nican, etc.)		ck, White,	etc.		
02	Fixe	by	3 ☐ Widowed 4 ☐ Divorced Year or Dates: 1946						es 2 No	Specify:			Specify: Whit				
5-0	72 h	Completed	15. Decedent's Education 16a. Decedent's Usual Occupation (Specify only highest grade completed) (Give kind of work done during most of working									cina	16b. Kind of Business/Industry				
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S S is b	w be rigion to the	5	12						lachin	ist		Nav			уу		
	al Hy	Be	17. Father's Name (First, Middle, Last)							18. Mothe	r's Nam	e (First, Middle, M					
	Went Went rked	10	William Ha	rrıs	on Phibl	ons						Delia	a Rawli	ngs			
	s 1 and 2 ahould f Health end Mer tem 27 Is marke other traumatic		19e. Informant's Name/Rele	tionship	(Type, Print)		19b. N	ailing Ad	dress (Stree	t and Numbe	er or Ru	ral Route Number	City or Town,	Stete, Zip	Code)		
	12 # Z		Margaret B.	Phi	bbons (Wife)	1	7 Vi	rginia	a Aven	ue	Edgewat	er. Mar	vlan	1 21037		
	of He		20a. Method of Disposition				b. Place of D	sposition	(Name of	ace)			20c. Location				
	Page nent nr: H		1 🖾 Burial 2 □ Crema 4 □ Donation 5 □ Oth			State I					ens	2/5/98	Davidso	nvil:	le, Maryland		
	mit.		21. Signature of Funoral Se	vice Lice	nsee		T								77 - 7		
	Depared Important In portant In p		Dellano						22. Name and Address of Facility John M. Taylor Funeral Home, 147 Duke of Gloucester St. Annapolis, MD 21								
	_		23e. PertT. Enter the diseas	e. or con	nolications that o	eused the d	eath. Do noi							ills,	Approximete		
	Physician		23e. Pert1. Enter the disease shock, or heart failure.	List only	one cause on e	ach line.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		oo alab	or roopilatory on	,		Interval Between Onset and Deeth		
	/Medical		immediate Cause (Final						2000	the,			2.		2		
	Examiner		disease or condition resulting in death)	170/10	100	10/9	1117				2/82						
		ē				Due t	o (or as a cor	sequenc	e of)t					i			
	uted Insit	Examiner			b. ————	5			* 6	/				i			
~	certificate be executed ding physician and sa as the bunai-transit	Exa	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury			Due	o (or es e cor	sequenc	e of):					1			
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89	ficat phy s the	/Medical	resulting in death) Lest			Due to	o (or as a con	sequenc	9 Ot):					1			
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m	at at	Physiciar	Doe II Other class Micros A and Miles											1			
Division of Vital Records, P.C	res thet tha de igned by the a be deteched i	ys	Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.									23b. Did tobacco use contribute to the cause of death					
	thet bed b										1 ☐ Yes 2 ② No 3 ☐ Probably 4 ☐ U						
	uires sign	d by										24e. Was a	n autonsv	24b. W	ere autopsy findings		
	v require been si should	ete										perform		av	alleble prior to mpletion of ceuse		
	has has	Completed												of	deeth?		
	cata ha	ertification: To Be Co										1 □ Ye	s 2 146	10	Yes 2 No		
	Physician: The this certificata ral director, peg		examiner? Hospital: Others								of Dea	ath (Check only one)					
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	h. After funer		27. Menner of Death 1 ☐ Natural 5 ☐ Po		(Mon	28a. Date of Injury (Month, Day Year) 28b. Time of Injury at Work?					/	28d. Describe how injury occurred					
	Attending it death. actor: Attel by the fune	cati	2 Accident Investigation 3 Suicide 6 Could not be						1	Yes 202	No						
		E	4 ☐ Homicide	t home, farm ecify)	street, f	actory, office				8f. Location (Street and Number or Rural Route Number, City or Town, State)							
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	the the I	Med	one)		and mani	nor steted.											
	T N N	-	29b. Signature and title of 6	7/	Mini	The v	20		29c. Licen	se number	-	2	9d. Dete signe	a (Month,	Day, Year)		
			Our	11	MIN	wn /	110		105	617	J		Feb.	71/	478		
			30. Name and address of pe	son who	completed ceus	e of death (I	tem 23a) (Ty	oe, Print)	2.5.5	1.	0	1))/	40)				
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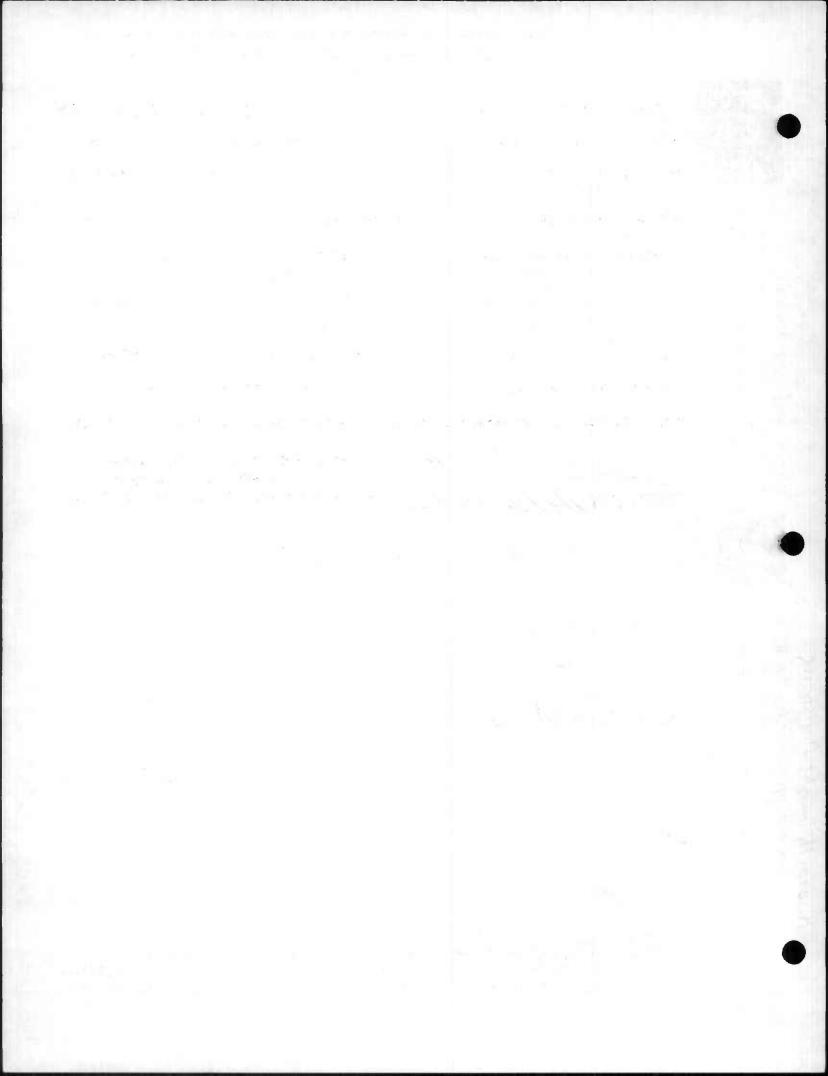
State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate of	Death	,	Reg. No.) U	5469
	Physic	ian	1. Decedent's Nama (First, Middla, Las						2. Data of De	ath	Year	3. Tima of Death
	/Medi		Thelma				PICKI		February	7 2, 1998		2:45 AM
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L	Funeral Director			ax □ M 2XXF	1 (In yrs. last bir 87	Yrs.	Monihs Days	Hours Mi		th Year) 6, 1910		laca (Stata or Foraign try) yland
	deeth with the Meryland ms 23a or 28a-f show rinust be notified at		10a. Stata 10b. County		10c. City, Town						10	0d. Inside City Limits
	with the Meryler a or 28a-f show be netified at	ctor	Maryland Freder	1CK	Fre	eder	ick					1 X Yas 2 □ No
	or 28	Funeral Director	10e. Streei and Number				10f. Zip Coda			10g. Citizan of V	/hat Coun	try?
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		nue	11. Mariial Siatus	12. Was Decedant E Armed Forcas?		13. W	as Dacedant of H	lispanic Origin? an, Maxican, Pue	(Specify Yas or No arto Rican, atc.)	14. Race Blace	e - Amarica k, Whila, a	
5-0020	9 9	by	1 Nevar Marriad 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☐ÑN If Yas, Giva Yaar or Datas:		1	□ Yas 2□XNo	Specity:	£ 1	Specity	7.79	ite
15-		Completed	15. Decedant's Ed (Specify only highast grad	ucation da completad)	16a.	Giva k	ant's Usual Occup ind of work dona O NOT use retire	during most of w	rorking	16b. Kind of Bu	sinass/Ind	lustry
12	should be filed within ad Mental Hygiene. marked other than " imatic event, the Me	ршс	Elamantary/Secondery (0-12)	Coilega (1-4or 5-			aker	<i>a)</i>		O T		
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an	should be ind Mental in marked or umatic eve	To Be	Lloyd C1	ayton	CI	ULLE	ER	Annie		MURR	AY	
Maryland 2121	should be man		19a. Informant's Name/Ralationship (7	ype, Print)	19b	. Maiilng	Addrass (Street	and Number or I	Rural Routa Numbe	er, City or Town,	Stete, Zip	Coda)
-	1 and 2 Heelth am 27 i		Charles S. Picket	t/Husband	2	Jan	es Stree	et, #1E,	Frederi	ck, Mary	land	21701
ore	of He fittern r oth		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Damoval from State	20b. Placa of cematar	f Dispos ry, crem	ition (Neme of atory or other pla	ce)	Data	20c. Location -	City or To	wn, Stata
Baltimore,	permit. Peges 1 and 2 should be filed within Dependentent of Heelih end Mental Hygiene. Important: if item 27 is marked other than any Injury or other traumatic event, the Monce.		4 Donation 5 Other (Specify		Mt 01:	ivet	Cemeter	y Feb 5	, 1998	Frederi	ck, l	Maryland
Sall	Depenting Injury		21. Signature of Funeral Service Licen-	see			Nama and Addra		rd P.A.	Funovo1	Uomo	
	20 = # a		Kiklym Kot	es	-	1	06 East	Church	St. Fre	derick.	Md.	21701
			23a. Part1. Eniar the disaasa, or comp shock, or haar failure. List only o	lications that causad ona causa on aach lin	tha daath. Do r e.	noi anta	r tha moda of dyle	ng, such as cardi	ac or raspiratory a	rrest,		Approximata Intervel Batween
	Physician / /Medical		Immediate Ceuse (Finat	-							i	Onsat and Death
	Examiner		disaasa or condition rasulting in daath)	a. theumo	AIMC						17	~12-97
		Jer		1	Due to (or as a	consequ	iance of):				1 2	Sugar
	deeth certificate be executed e attending physicien and od for use es the bunel-transit	Examiner	Sequantially list conditions.	b. Demen	Due to (or as a	consaqu	ance of):				2	0.17-1-2
ő	e exe		Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Causa (Disaasa or injury that initiated evants	Repol	Insu	thi	cercy				X	Eyeus
68760,	ohysic the b	Medicai	that initiated evants rasulting in death) Last	CC	Due to (or as a c	consequ	ance of):					0
9 ×	100	/Me		d							į	
Вох	attendi for use	clan									1	
P.O.	thet the deeth ce ed by the attendi deteched for use	Physician/	Part II. Other significant conditions co	niributing to death bu	t noi rasulting in	n tha un	darlying causa giv	ran In Part I.				the cause of death?
	s that the ned by th e deteche	by P	itistory of rece	ment gr	shount	20te	nal ble	eding	- 10	Yes 2□ No	3 Prob	ably 4 Unknown
of Vital Records,	w requires that been signed b should be deta	8		(,	24a. Was	an autopsy	24b. Wa	ra autopsy findings
S	law re les bee	piet							репо	ormed?	con	npiation of causa
m.	The law ate hes page 2	Completed							10	Yas 2□No	1 🗆	Yas 2□No
ita	certificate rector, pag	Be	25. Was casa raterred to medical axaminer?					26. Place of D	eath (Check only o	ona)		
2	Physicien: this certific	ဥ	1 ☐ Yas 2 ☑ No	Hospitai: 1 ☐ Inpatiar		tpatient	3□ DOA Oth	ar: 4 Nursing	Homa 5 ☐ Rasio	dance 6 Othe	ar (Specity)
no	Ing P	inol.	27. Mannar of Daath 1 ☑ Naturel 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) 28b. T	Time of njury	28c. Injur Wor		28d. Describe	how injury occurr	ed	
Sic	thend death itor: /	icat	2 Accidant Investigation 3 Suicida 6 Could not be	One Disease of Injury				Yas 2 □ No	204 Leastine (Ctroot and Numb	24 24 Quan	(South Months
Division	after after Direct In by	Certification:	4 ☐ Homicide datarmined	28e. Piace of Inju building, atc.	(Specify)	ırm, stra	at, ractory, office		City or To	Street and Numb wn, Stata)	er or Hura	Houte Number,
_	ours ours filled		29a, Cartifiar 1 Certifying Phy	reicien: To the bast of	mv knowladna	death	occurred at the tir	na data and pla	ne and due to the	cause(s) and me	nnar as et	ated
	• Hos 24 h • Fur	edicai	(Check only 2 Medical Exam	Iner: On the basis of and mannar stat	axamination and	d/or inve	astigation, in my c	pinion, deeth oc	curred at tha tima,	data and placa, a	and due to	tha ceusa(s)
	To the Hospital or Attending Physician: The is within 24 hours after death. To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Me	29b. Signatura and title of eartifiar	Λ			29c. Licans	e number		29d. Data signed	(Month, L	Day, Year)
			· Glass	grande	MO		Dun	307 1	10	Februar	y 2,	1998
			30. Name and eddress of person who	omptated cause of de	ath (Item 23a) ((Тура, Р	rint)	5-1 10			~	
			X 1564 000	sout Pike	Teec	Derk	K MD	21702				
	Sta		31. Dete filed (Month, Day, Year)	32. Ragistra	r's Signatura							
	Registr		FFR 4 - 1	998 Juli	Atvolen	P	1.00					
DHA	AH 16 Rev 6/9	5	LU - K			- AL	TARRET I					



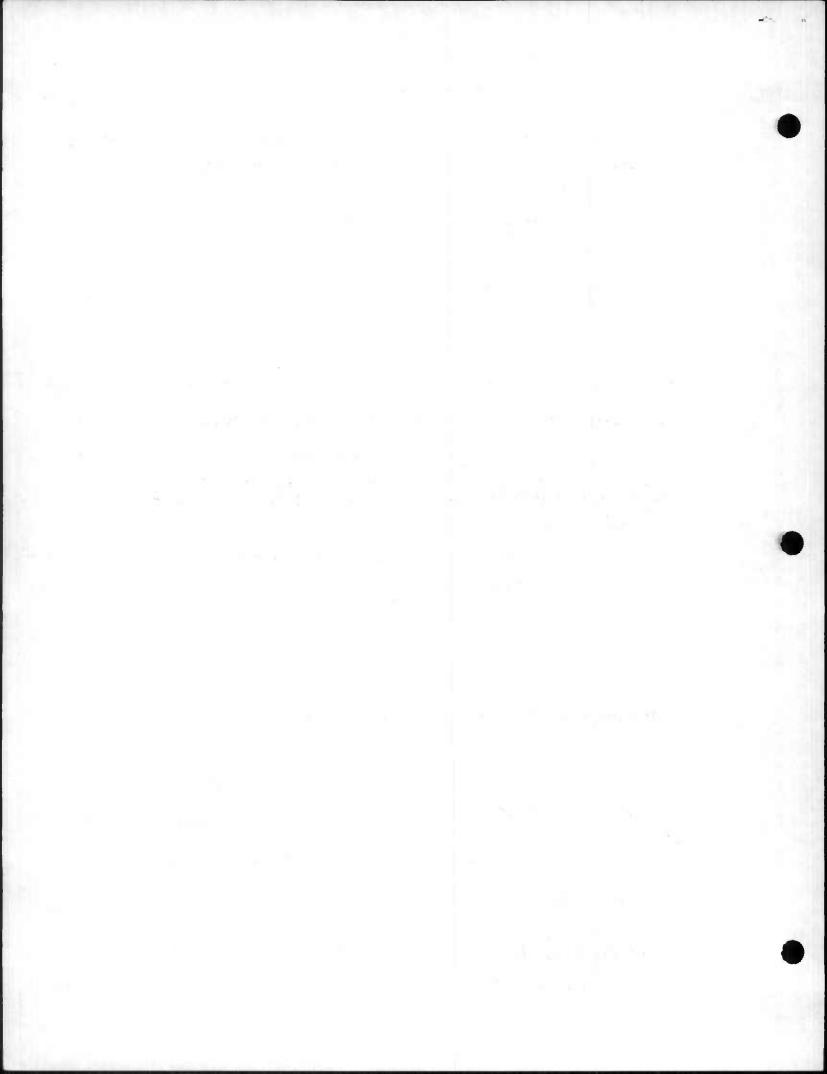
Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Q Q

				State of Maryla		rtificate of			Reg. No.	1 004	10
	Physici	an	Decedent's Name (First, Middle, Last)					2. Dete of De Month	ath Dev	3. Tin	ne of Death
	/Medic		Dwight Armstrong	RUDASILL				Febru		1998	1410
	Examir		4a. Facility Name (If not Institution, give	street and number)			4b. City, Town, or Lo	ocation of Deeth	Ac. County	of Death	•
			Washington County	y Hospital			Hagers	town	Was	shington	
	Funeral		5. Social Security Number 6. Sex		s. last birthday)	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Da	h V Yearl	9. Birthplace (St. Country)	ate or Foreign
	Director		210-24-7041	M 2□ F 93	Yrs.	Working Days	Trodis Will.	Aug. 26	, 1904	Virgini	
	pu »		Usual Residence of Decedent	40- 4	75. T	41					
- 36	aryla eho		10a. Stete 10b. County		City, Town or Lo						de City Limits
	N o W	cto	Maryland Washing	ton	Wil	liamspor	t			1/4	Yes 2□No
	with the Marylan a or 28a-f show	- Sire	10e. Street end Number			10f. Zip Code			10g. Citizen of V	Vhef Country?	
	filed within 72 hours after death with the Maryland typiene. Wher then "natural", or flems 23a or 28a-f show ont, it a Maulcal Examiner must be notified at	Funeral Director	Milestone Garden	Apts. 2G		217	95		USA		
	urs after death v al', or items 236 Examinet must	Ine	11. Marifal Status	12. Wes Decedent Ever In Armed Forces?	U,S. 13. \	Was Decedent of I	Hispanic Origin? (Sp ean, Mexican, Puerto	ecify Yes or No	- 14. Rac	e - Americen Indie k, White, etc.	n,
0	afte or if		1 Never Married 2 Married	1 ☐ Yes 2 🕅 No ff Yes, Give		1□ Yes 2⊠ No					
21215-0020	72 hours "natural",	d by	3 ☑ Widowed 4 ☐ Divorced	Year or Dates:					Specify	white	
2	"natur	Completed	15. Decedent's Educ (Specify only highest grade	cetion completed)	16a. Deced	dent's Usual Occup	petion during most of work ed)	ing	16b. Kind of Bu	siness/industry	
12	within liene. r than	du	Elementary/Secondary (0-12)	College (1-4or 5+)							
2	e filed withing the filed withing all Hygiene. other than vent, if we went, if we went, if we went, if we went, if we went.		12	44	С	ollege p				ducation	1
an a	d off	Be	17. Fether's Name (First, Middle, Last)				18. Mother's Name				
Z Z	Mer	1º	Lewis Singleton Ru				Nancy E				
Maryland	s 1 and 2 should be filed if Haalth and Mental Hygis tem 27 is marked other other traumatic event, it		19a. Informent's Name/Relationship (Type				and Number or Rur				200
6	and faalth m 27 her t		Dwight A. Rudasil				rden Apts				
Baltimore,	permit. Pages 1 and 2 Department of Haalth a Important: If Iem 27 is any injury or other tra		20e. Method of Disposition 1 ☑ Burlal 2 ☐ Cremetion 3 ☐ Re		cemetery, cren	sition (Name of natory or other ple	ce)	Dete	20c. Location -	City or Town, Stet	te
E E	men men men men men men		4 ☐ Donation 5 ☐ Other (Specify)	G		n Memoria		2-11-98		msport,	Md.
a	permit. Departr Imports any init		21. Signeture of Funeral Service License	0010	1 22	. Name end Addre	ess of Fecility MI	NNICH FU	UNERAL H	IOME	
ш,	20 E E G		DON M	Musey.	94	15 E. Wi	lson Blvd	., Hage	rstown,	Md. 2174	10
			23e. Part1. Enter the disease, or complice shock, or heart failure. List only on	cations that caused the de	ath. Do not ente	er the mode of dyi	ng, such es cardiec	or respiratory er	rest,	Approx	imete I Between
,	noste be physicia is the bur	edical Examiner	disease or condition resulting in death) Sequentially lisf conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	Due to	(or as a consequence of or a consequence of or a consequence or a consequence or a	uence of):	TC JAVE	MCCI I		1171/10	DIATE
No x		Š	a d								
Box	death cert e attendin ed for use	ciar									
7 0	y the o	Physician/M	Pert ft. Other significant conditions con	1		nderlying ceuse gi	ven in Pert I.			tribute to the cau	
2 0	6.0	Y	HYAGRIENSION	V DEME	ATTVE			10	Yes 22 No	3 Probably	4 Unknown
0	as been sign 2 should be	Completed by							an eutopsy med?	24b. Were eutop aveilable pr completion of death?	rior fo
3 = 5	page 178	NO.						1 🗆 Y	es 20No	1 ☐ Yes	2 No
July Skot	certificate rector, pay	Be	25. Was cese referred to medicei				26. Plece of Deat	h (Check only o	ne)		
3 5	Thysical This ce al direc	To	examiner?	ospital: 1 Inpatienf 2[ER/Outpatien	t 3 DOA Ott	ner: 4 🗆 Nursing Ho	me 5 Resid	lence 6 Othe	er (Specify)	
7 0 8	44 10		27. Menner of Death	28a. Date of fnjury (Month, Day Year)	28b. Time of	28c. Inju Wo			now injury occurr		
200		atio	Natural 5 Pending investigation	(Month, Day Your)	плагу		Yes 2 □ No				
0 5 3	교육등	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injury - At building, etc. (Spec	home, farm, stre	eet, factory, office		28f. Location (5 City or Tox		er or Rural Route	Number,
2	24 hours a Funeral is stely tilled		29a. Certifier (Check only 2 Medical Examin	Icfan: To the best of my kn	owledge, deeth	occurred at the ti	me, date end plece,	and due to the	ceuse(s) end ma	nner as steted.	200(0)
3	in 24 the Fig.	Medical	one) 2 Medical Examin	er: On the basis of examinend manner stated.	action and/or inv	esugation, in my o	ppinion, death occurr	ed et the time, t	uete ena place, e	end due to the ceu	ISO(S)
- 1	within 2 To the comple	Σ	29b. Signature and title of certifier			29c. Licens	se number		29d. Dete signed	(Month, Day, Yee	er)
			Hand Jal	fromthat		7. K.	1892		2/10/	90	
			30. Neme and address of person who cor	mpleted cause of deeth (Ite	em 23a) (Type, I	Print) SUITE	130 ~		NA	(FOSTO)	IN.
			30. Neme and address of person who con	RAD FORD M	D 11	110 MED	ICAL CAN	PUS RI	M	2/74	2
	Sta		31. Date filed (Month, Day, Year)	32. Registrar's Sign							



State of Maryland / Department of Health and Mental Hygiene 98 05471

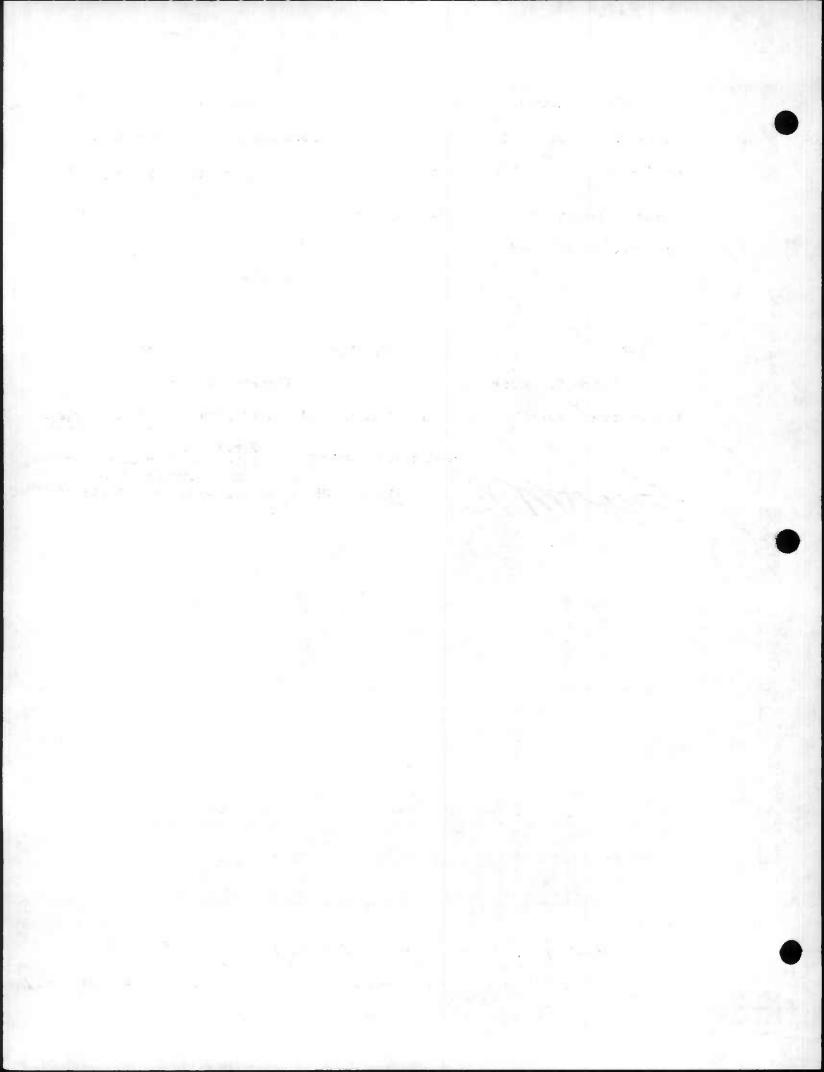
						Ce	rtificat	e of	Death			Reg. No.		0 1 1	ı
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	Exami		4e. Fecility Neme (If not institution								ocation of Death		ty of Deeth		
L			University	_			Williams	4 3/	13	ALT	more-		_	imore	
	Funeral Director		5. Social Security Number 214–51 –0071	6. Sex 1 💢 M 2 🗆		yrs. lest birthdey Yrs.	If Under	2 year	Hours	Min.	8. Date of Bird	y. Ypag)97	9. Birthp	ece (Stete Trylai	or Foreign nd
	and w		Usuel Residence of Decedent 10e. Stete 10b. County		10c.	City, Town or L	ocation						1	0d. Inside (City Limits
	he Maryi 28a-f sho	Director		ashingto	n				erstov	m				1 XYe	s 2 No
	ath with 1	rai Dir	10e. Street end Number 206 Lilly Cour	t			10f. Zip	2	1740			10g. Citizen ot	What Coun		
020	within 72 hours efter death with the Maryland one. than "natural", or items 23e or 28e-f show ha Manical Examination in all be inclifted at	by Funeral	11. Maritel Status 1 Never Married 2 Mar 3 Widowed 4 Divorced	ried 1 Yes,	Decedent Ever in Forces? es 2 No Give or Detes:	n U,S. 13.	Was Deced It Yes, spec 1 ☐ Yes				ecify Yes or No Ricen, etc.)	Speci	ice - Americ eck, White,		
21215-0020	d within 72 hours jiene. r than "natural", r Medical Exa	Completed	15. Deceder (Specify only higher Elementery/Secondery (0-12)		e_(1-4or 5+)	16e. Dece (Give life.	edent's Usue kind of wo DO NOT us	el Occu rk done se retire	pation during mos d)	t of work	ing	16b. Kind ot I	Business/Ind	dustry	
	THE RESERVE	Соп	0		0			1	N/A				N/A	A	
Maryland	nould be filed within a Mental Hygiene. nerked other then netic event, the Mental control of the Mental contro	To Be	17. Fether's Neme (First, Middle, James Michael		Tr. [t] gr						e (First, Middle, Michel]		,		
	2 st end ls n		19a. Intorment's Name/Relations James Michael		Father						erstown			Code) 21740	
Baltimore,			20e. Method of Disposition 1 Burial 2 □ Cremetion 4 □ Donetion 5 □ Other (S			b. Place of Disp cemetery, cre Cedar	metory or o	ther ple		F	Dete Peb. 13	20c. Location			yland
Balti	permit. Pege Department of Important: If any injury or		21. Signature of Funeral Sorvice		nkei						Funeral				247
			23a. Art1. Enter the disease, or	opmplications the	at caused the d						N., Hage		, Mary		2174
ı	Physician		shock, or heart tailure. List	only one cause o	on eech line.								-	Approxima Interval Be Onset end	Deeth
П	/Medical	П	Immediate Ceuse (Fine) disease or condition	h	anal	MANO	lia.	110	far	the	~			inset (intro
	Examiner		resulting in death)	е. О	Due to	gang	quence ot):		lan	Citt	W_1			11301	antwo
-	ed isi	Examiner		· 5	tatus	epile	ptec	ile	ע				i	56/	xurs
	icete be executed physician and s the bunal-transit	xan	Sequentially list conditions, if eny, leading to immediate		Due to	o (or as e conse	quence ot):								
68760,	sician bunit		Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	c	1=00.00										
×	ding ding	/Medical	resulting In deeth) Last	d	Due to	o (or es e conse	quence of):								
O. Bo		Physician	Pert II. Other significant condition	one contributing to	o deeth but not	resulting in the u	inderlying c	euse gi	ven in Pert i	l.	23b. Dld 1	tobacco use c	ontribute to	the cause	of death?
P.0	that the de led by the e detached f		presumed	oto p	alata	of dig	ital	Su	indro	me	10	Y00 2 No	3 Prot	bably 4] Unknown
of Vital Records,	law requires that the as been signed by the 2 should be detache	Completed by				2)				24e. Wes	en eutopsy rmed?	cor	ere eutopsy eileble prior apletion ot	to
Re	e - e	dwc									106	,		deeth?	-A.
ta	certificate rector, pag	BeC	25. Wes case reterred to medica	1					26 Place	a of Doot!	n (Check only o		1	Yes 2	2No
>	Physician: Trihis certifica	0	exeminer?	Hospitel:	Inpatient 2	⊇ ☐ ER/Outpetie	nt 3 DC	Ot Ot	ner:		me 5 Resid		her (Specifi	()	
o uo	5 5	ition: T	27. Menner of Deeth 1 Neturel 5 Pendir 2 Accident investi	28e. De	ete of Injury fonth, Dey Year	28b. Time o		8c. Inju Wo			28d. Describe I			//	
Division	or Atter efter dea Director J in by th	Certification:	3 Suicide 6 Could 4 Homicide determ	Ined 289. Pi	ace ot injury - A ilding, etc. (Spe	t home, term, st	reet, tactory	, office			28f, Location (S City or Tov	Street end Num vn, Stete)	ber or Aure	Route Nur	n <i>ber</i> ,
Ī	To the Hospital or Attendit within 24 hours effer death. To the Funeral Director: A completely filled in by the fu	edical C	29a. Certifier (Check only one)	g Physician: To Examiner: On the	the best ot my less basis of exemple anner stated.	knowledge, deet Inetion end/or in	h occurred ovestigetion,	et the ti	me, dete en opinion, dee	d plece,	end due to the e	ceuse(s) end m date end plece	enner es st	eted. the ceuse((s)
	ro the	Me	29b. Signeture end title of certifie	Ond the					se number			29d. Dete sign			
	- > - 0		1 Alinin	Make	nmm			D	31670	ל		2/0	198		
			30. Neme and eddress of person	who completed ca	ause ot deeth (I	tem 23e) (Type.	Print)		- /			-101	10	BAL	Г
			Alice DAC			Unive	Bite	al	Haru	lano	(22 5	5 Green	re St	21	201
F	Sta	ite	31. Dete tiled (Month, Dey, Year)	32		Davidson-I	Prode on					0	V .		
	Registi	ar	FEB 1	1 1998	June	will asov-!	I Music								



State of Maryland / Department of Health and Mental Hygiene

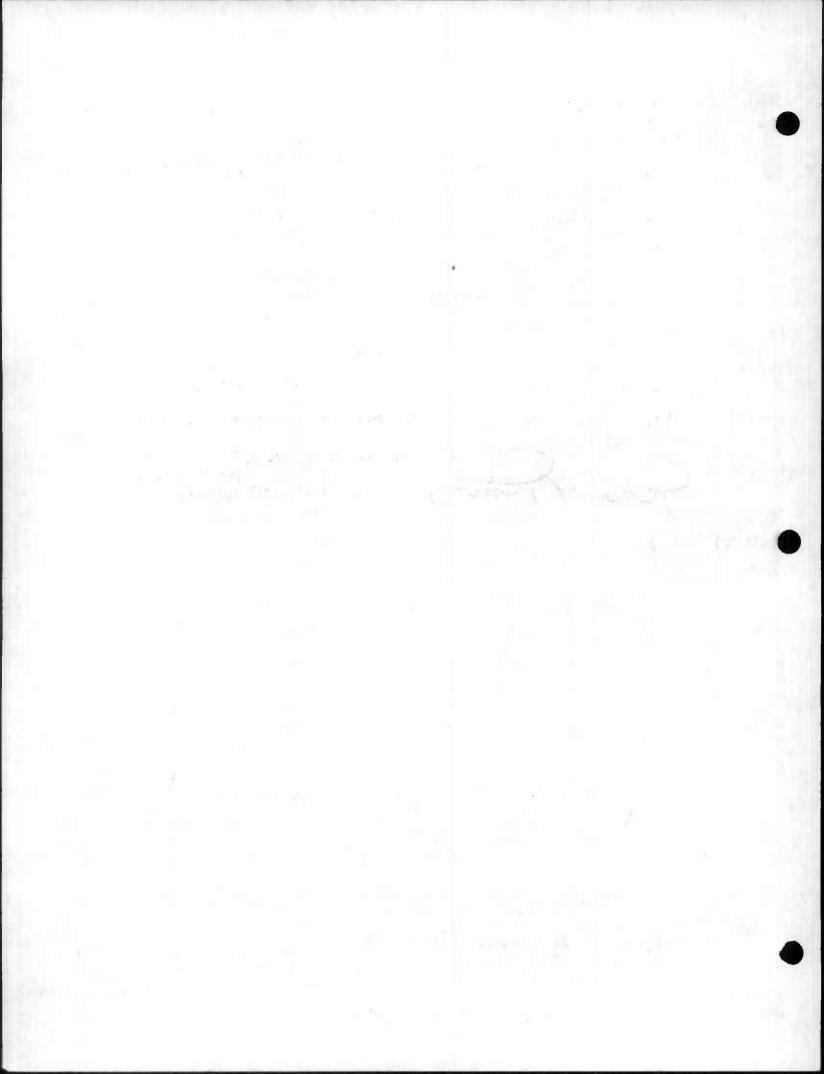
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** Month 7, 1998 Helen Virginia ROSS February 4:00 p.m. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Maugansville Washington 13641 Village Mill Drive If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 M 2 K F 73 Yrs. Director 579-48-2063 March 16,1924 Maryland Usual Residence of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show must be notfilled at Maryland Washington Maugansville ¥¥Yes 2□ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 21767 13641 Village Mill Drive U.S.A. items 23a Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. filed within 72 hours effer 1 ☐ Yes 2 ☑ No If Yes, Give Year or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 ò 1 ☐ Yes 2 ☑ No Specify: Specify: white by 3 ☐ Widowed 4 ☑ Divorced "natural", Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. Coilege (1-4or 5+) Elementery/Secondary (0-12) permit. Peges 1 end 2 should be filed wit. Depertment of Health end Mental Hygiene Important: If 16m 27 is marked other tha any holury or other traumatic event, The 2006. own home 0 - 8homemaker 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Dayton C. Robinson Florence Murray 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 13641 Village Mill Drive, Maugansville, Maryland Mrs. Shirley Everly/daughter 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burlei 2 □ Cremetion 3 □ Removel from Stete Feb. 11. Rest Haven Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 1998 Hagerstown, Maryland 21. Signature of Funeral Service Licensee 22. Name end Address of Fecility Minnich Funeral Home East Wilson Blvd., Hagerstown, Maryland 21740 mu the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one ceuse on each line. **Physician** /Medicai Immediate Ceuse (Finel 11/2 years diseese or condition resulting in deeth) Examiner Physician/Medical Examiner or Attending Physician: The lew requires that the death certificete be executed physician and sthe bunal-trans Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): P.O. Box 68760, Due to (or es e consequence of): use es Pert II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 1 No 3 Probably 4 Unknown signed t Records. þ cate hes been sig Completed 24e. Wes en eutopsy performed? 24b. Were autopsy findings evailable prior to completion of ceuse of deeth? certificate 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Wes cese referred to medicel examiner? 26. Plece of Deeth (Check only one) Hospital: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Aesidence 8 ☐ Other (Specify) 2 1 Yes 2 No After this 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Neturel 5 Pending Investigation s efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Locetion (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 \ Homicide To the Hospital o within 24 hours of To the Funeral D completely filled i 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steted. 29e. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 2.9.98 041667 30. Name end address of person who completed ceuse of deeth (Item 23e) (Type, Print) McCornack IIIIo Medical Campus Cd. Sinte 130 Haser Dun Ma 71m 31. Dete filed (Month, Day, Year) State Sha Davidson FEB 10 Registrar

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State of Maryland / Department of Health and Mental Hygiene 98 05473

						Certificate of		F	leg. No.	U	54/3
	Physic	ion	1. Decedent's Neme (First, Middle, La					2. Dete of Dee	Dev	Veer	3. Time of Death
	Pnysic /Medi		Gene Gordon Ro	se				Feb.	5, Dey 1998	1001	8:35 P.M.
), i	Exami		4e. Fecility Neme (If not Institution, giv				4b. City, Town, o	r Location of Deeth	4c. County of		
L			14002 Graceham Rd	•			Thwrmo			deri	ck
	_o Funeral Director		5. Sociel Security Number 6. S 212-34-7075 Usuel Residence of Decedent	TVM OFF	e (In yrs. last birti	nday) If Under 1 Yea Months Dey			1937	9. Birthple Count Ken	ece (State or Foreign try) Lucky
	wo m		10e. Stete 10b. County		10c. City, Town	or Location				10	Od. Inside City Limits
	Sa-f sh	etor		erick	The	vrmont					1 ☐ Yes 2 No
	ath with the 23s or 2	Funeral Director	14002 Graceham Rd			10f. Zip Code	21788	1	0g. Citizen of W	het Count S.A	ry?
5-0020	n 72 hours effer deeth with the Maryland "natural", or frams 23a or 28a-f show edical Examinat must be notified at	by	11. Marital Status 1 □ Never Married 2 ☒ Marrled 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X If Yes, Give Year or Dates:		13. Was Decedent of If Yes, specify Cu		Specify Yes or No- rto Rican, etc.)		- America , White, e	
5-0	72 ho netui	sted	15. Decedent's Ed (Specify only highest gre		16e. I	Decedent's Usuel Occi	upetion	ndkina	16b. Kind of Bus	siness/Indi	ustry
2121	e 1 m	Completed	Elementery/Secondery (0-12)	College (1-4or	5+)	(Give kind of work don life. DO NOT use retir	•	Jining	Cana	truc	tion
2	filed within Hygiene. Ither than "	Co	12			Carpente					uon
nd	ould be filed with Mental Hygiene. srked other than atic event, the	Be	17. Fether's Neme (First, Middle, Last)					eme (First, Middle,		_	
Z	should be nd Mental marked o	P	Walter Eugene 1				Vict	oria Eliz	abeth C	oolei	3
, Maryland	s 1 and 2 should be filed within f Health and Mental Hygiene. Item 27 is marked other than ' other traumatic event, the Ma		Mary A. Rose (W.	**	1	Meiling Address (Stree 102 Graceho					Code)
ore,	es 1 and of Health Hem 27 r other tr		20e. Method of Disposition		20b. Pieca of	Disposition (Neme of , cremetory or other pi	lece)	Dete	20c. Location - C	City or Tov	vn, Stete
E	Peges vent of h nt: If ite iry or of		1 Buriel 2 Cremetion 3 -			burg Cremo		.6.98	Smithsb	wra. N	Md.
Baltimore,	permit. Peges 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than any Injury or other traumatic event, Inc. M. 2016.		1. Signature of Junerel Service Licen		2	22. Name end Add	ress of Fecility	10000	Dr 11		
			Jenno V	, poa		Davis 10	thetat 110	me Smiths	burg, Md	. 21:	783
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or companies to the companies of the compan			with mode of a	/ .	ac or respiratory err	est,	i	Approximete Intervel Between Onset and Deeth
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	death certificate be executed ettending physician and of for use as the buriel-trensit	Examiner	Sequentially list conditions,	b	Due to (or es e co	onsequence of):	S	arco	ma	-	
68760,	oe execian a		Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	· With	100	1100	rud	112	el	i	
876	sate b shysic the b	Medical	thet initieted events resulting in deeth) Lest	c. W	Due to (or as a co	nsequenca of):					
	ing p	Me		Mio 1	7.8 tr	Ses					
X R O	eath cer ettendir for use	lan			1						
	the e	Physician/	Pert II. Other significant conditions co	entributing to death b	ut not resulting in	the underlying cause g	iven in Pert I.	23b. Did to	bacco use cont	ribute to	the cause of death?
J.	res thet the designed by the e	by Phy						1 🗆 Y	No s	3 🗌 Probe	ably 4 🗆 Unknown
Division of Vital Records,	aw requii s been s 2 should	Completed						24e. Wes e perform	n eutopsy ned?	com	re eutopsy findings ileble prior to pletion of cause eeth?
=	ate pag	Con						1 □ Ye	s 2 No	1 🗆	Yes 2□ No
<u>a</u>	Physician: Th this certificate ral director, pag	Be	25. Was case referred to medical exeminer?				26. Plece of De	eth (Check only on	Θ)		
_	0 0	ဥ	1 ☐ Yes 2 No	Hospital: 1 Inpatie	nt 2 ER/Outp	etient 3 DOA	ther: 4 Nursing	Home 5 Reside	nce 6 Other	(Specify))
ono	ding Ph h. After th funeral		27. Menner of Death Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injui (Month, Day	y Year) 28b. Tir Inj	ury Wo	ury et ork? □ Yes 2 □ No	28d. Describe ho	w injury occurre	d	
DIVISI	To the Hospital or Attending Ph Within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28e. Pleca of Injubulding, etc	iry - At home, fern . (Specify)	n, street, factory, office		28f. Location (St City or Town	reet end Number n, Stete)	r or Rurel	Route Number,
	Hospital 24 hours Funeral etely filled	edical C	29e. Certifying Phy (Check only one) 2 Medical Exam	iner: On the basis of	exeminetion end/	death occurred et the tor investigetion, in my	ime, date end plec opinion, deeth occ	e, end due to the ca urred et the time, de	tuse(s) end meni ete end plece, en	ner as ste	ited. the ceuse(s)
	within 2 To the comple	Med	29b. Signeture end title of cartifier	end menner sta	ted.		se number				
	o d × o	_	R CALL FATZ	La sult	1- PON 3	Zac. Licen	ad mumber	29	d. Date signed	(wonth, D	ey, 100/)
			Dongave	-jorny?	7 100	40	H440	2)	020	6	78
			Neme end eddress of person who c	ompleted cause of de	eth (Item 23e) (T	ype, Print) 3 (C	N 2 7.83	ton A	ie:		1
			31 Data filed (Marth Day Van)	JE1-10	C/ CUD	DEm	mits.	bug l	NOS	02	/
	Sta Registr		31. Dete filed (Month, Day, Year)	32. Registra	r's Signature	· 20-1-00	•	U		. /	



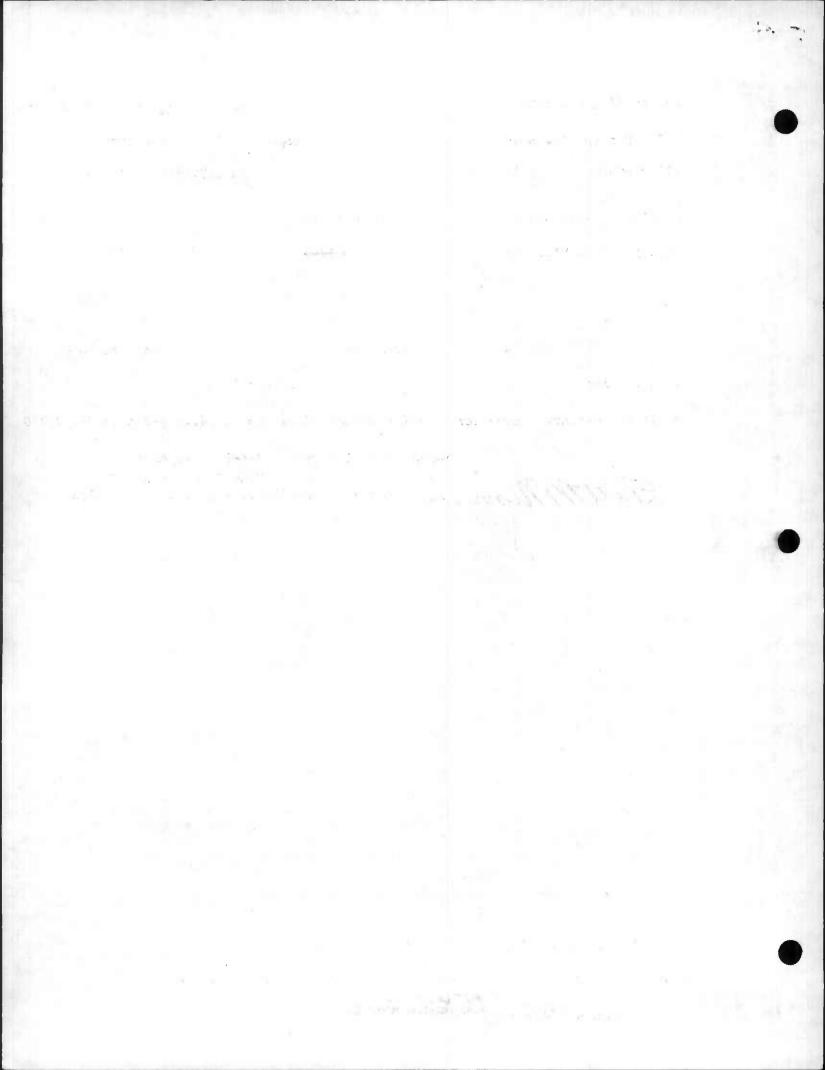
			State of M		•	tificate o			Reg. No.	3 05474
Physic /Medi		1. Decedent's Name (First, Middle, Lec Nellie Virginia H	*					2. Dete of Month Febru	Dey	Yeer 1998 1. '00 am
Exami		4e. Fecility Name (If not Institution, give)			4b. City, Town	, or Location of De	eth 4c Cour	nty of Deeth
		17915 Garden View 5. Social Security Number 6. S		ge (In yrs. last b	Control of the control of	if Under 1 Yea		stown ansville		shington
Funeral Director			DM WELL) 1	Yrs.	Months Dey		Min. (Month,	Day, Year) 7,1906	9. Birthplece (Stete or Foreign Country) Virginia
72 hours efter death with the Maryland natural; or items 23a or 28a-f show dical Examinat has notified at	101	10e. Stete 10b. County Maryland Washir	neton	10c. City, Tov	wn or Loc Ha M:	eation gerstow augansvi	n			10d. Inside City Limits 1 ☐ Yes 2 ☑ No
1 the	Director	10e. Street end Number	0			10f. Zip Code			10g. Citizen o	of Whet Country?
h with		17915 Garden Vie	w Road			2	767 2	1740	CI_	USA
"natural", or items 23a or 28a-f show edical Examinar must be notified at	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☒ If Yes, Give Year or Dates:			Vas Decedent of Yes, specify Cu ☐ Yes 2⊠ N	Hispenic Origin ben, Mexican, P	? (Specify Yes or uerto Rican, etc.)	No- 14. R B	ece - American Indien, leck, White, etc. cify: white
atura cal E	Pa	15. Decadent's Ed	ucation	166	e. Decad	ent's Usuel Occ	upetion		16b. Kind of	Business/Industry
- 30	Completed	(Specify only highest gre Elementery/Secondery (0-12)	de completed) College (1-4or :		(Give I	kind of work don OO NOT use retii	e during most of red)	working		
ont, the M	Con	6	0		hor	nemaker				er own home
P P	Be	17. Father's Neme (First, Middle, Last) Kenton Simmons						Neme (First, Midd e Hull	ile, Maiden Sum	eme)
7 is marked fraumatic e	2	19e. informent's Name/Relationship (7	Suna Printl	10	b 8.4-312-	- Address (Co.				
7 is trac		Annie W. Gearhart								m, Stete, Zip Code) cstown, Md. 21740
important: If item 2 any injury or other once.		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Eunerel Service Licen)		sta N	sition (Neme of letory or other possible Memorial Name end Add	Park	2-6-98 MINNICH		n-City or Town, Stete BOOTO, Va. HOME
5 5 8		Tod!	lum	reth	4	415 E.Wi	lson Bl	vd., Hag	erstown	Md. 21740
ician		23e. Part 1. Enter the diseese, or comp shock, or heart failure. List only of	plications thet caused one cause on eech li	d the death. Do ne.	not ente	er the mode of dy	ying, such es car	rdiec or respiratory	errest,	Approximete Intervel Between Onset end Death
dical niner		Immediate Ceuse (Finel disease or condition resulting in death)	. ATHERO	Due to (or es e			DIOVASO	CULAR D	ISEASE	14ear.
sit	Examiner		p. H	YPER T	BNS	10W.				Syear.
eno i-tran	хап	Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying	-	Due to (or es e	consequ	uence of):				
the burie	Icai	cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events resulting in deeth) Lest	c. /hor			ence of):	vysem	•		1year
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for u	clar	2011 2020 2020 2020 2020	10000							
d by the deteched	Physician/Med	Pert II. Other eignificant conditione co	ontributing to death b	ut not resulting i	in the un	derlying cause g	given In Pert i.		d tobacco use d ☐ Yss 2 ☐ No	contribute to the causa of death? 3 Probably 4 🖄 Unknown
s been signed by the ettending physician and should be deteched for use as the buriel-transit	Completed by		, 0, -					24a. We pe	es en eutopsy rformed?	24b. Were eutopsy findings avelleble prior to completion of cause of deeth?
s certificate hes b director, page 2 s	Comp							10	Yes 2 No	1 Yes 2 No
ls certific director,	Be	25. Wes case referred to medical examiner?	11					Deeth (Check only	y one)	
this c aldin	2	1 ☐ Yes 2 Ø No	Hospitel: 1 Inpatie			3LI DOA		ng Home 56 Re		
A: Arrer	ation	27. Menner of Death 1	. (/ /		Time of Injury	28c. inj W	ury et ork? ☐ Yes 2☐ No	2_	e how injury occ N/A	urred
To the Funeral Director: After this completely filled in by the funeral di	Certification:	3 Suicide 6 Could not be 4 Homicide determined	building, etc		arm, stre	et, fectory, office	9	City or 1	(Street end Nur rown, Stete)	nber or Rural Route Number,
e Funer, detely fill	edical	29e. Certifier (Check only one)	sicien: To the best of iner: On the basis of end manner ste	exemination en	e, death nd/or inve	occurred et the estigation, in my	time, dete end p opinion, deeth o	leca, end due to the	ne ceuse(s) end r e, date end place	menner es steted. a, end due to the cause(s)
To th	Me	29b. Signeture end title of certifier	92 P			29c. Licer	nse number			ned (Month, Dey, Yeer)
		Lauren 1	uah			27	283 65		2 .3.	98

2283 65

State Registrar

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

MANZAL JSHAFI 368 MILL STEET ITA GELL 70WW MPD 21740. 31. Dete filed (Month, Dey, Year)
FEB 0 5 1998



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 2. Deter on Day Month Day Pebruary 1, 1998 telen inehart arie 11:00 AM 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death Rinehart Rd It Under 24 Hrs. Hours Min. Min. Min. Mug 25 Washington. 9. Birthplace (State or Foreign Country) 14233 If Under 1 Year 5. Social Security Number 6. Sex 7. Age (In yrs. lest birthday) 1□ M 218 F Months Days 215-36-708 1914 Clear Spring, Md 83 Yrs. Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Smithsburg ashington 10e. Street and Number 10g. Citizen of What Country? 14233 Kinehzrt 21783 USA 11. Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-It Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 No It Yes, Give Yeer or Dates: 1 Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondery (0-12) College (1-4or 5+) Registered Nurse 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Dennis harles 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Name/Relationship (Type, Print) 159 Smithsburg leagy r 13921 frager 20b. Place of Disposition (Name of cemetery, cremetory or other place) Daughter Method of Disposition Date 20c. Localion - City or Town, State 1 Buriel 2 Cremation 3 Removal from State 2/3 Cumberland Valley Crematorium 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Grave Funeral Home, Duc 505 Broad st Waynesboro ames 23a. Part Enter the disease, or complications that caused the death Do not enter the mode of dying, such as cerdiac or respiretory errest, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death Immediate Cause (Final · UNKNOWN disease or condition resulting in death) Due to (or es a consequence of): b. FA9 STAGE KIGNEY DICEASE Due to (or as e consequence of): HYPERTENTION Due to (or es e consequence of): ACUTE BRONCHITI Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown NEPHRONATHY 24b. Were eutopsy findings available prior to completion of ceuse ot death? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Death (Check only one)

Physician /Medical Examiner

After this certificate has been signed by the ettending physician and funeral director, page 2 should be detached for use as the burial-transit

Helen marie

Physician/Medical

Completed

Medicai

Physician

/Medical

Examiner

Director

þ

Completed

10a State

Funeral

Director

7 is marked other than "natural", or itams 23a or 28a-f show traumatic event, the Mourcal Examinar must be notified at

Peges 1 and 2 should be filed within 72 hours after or nent of Health end Mental Hygiene. Int: If Item 27 is marked other then "natural", or ital

permit. Peges 1 and 2:
Department of Health er
Important: If Item 27 is
any injury or other trau

Baltimore, Maryland 21215-0020

with the Meryland

death 1

Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last

MEMBRANOU

25. Was cese reterred to medical examiner? Hospital:

1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manger of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of 1 Netural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 28d. Describe how injury occurred 28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

4 Homicide

1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date end plece, and due to the cause(s) end menner stated.

29b. Signature end title ot certifier KOZA

31. Date filed (Month, Day, Year)

29c. License number n22313 29d. Date signed (Month, Dey, Year)

30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)

FEB 0 3 1998

ROZA WASHING TON

COUNTY HOSPITAL

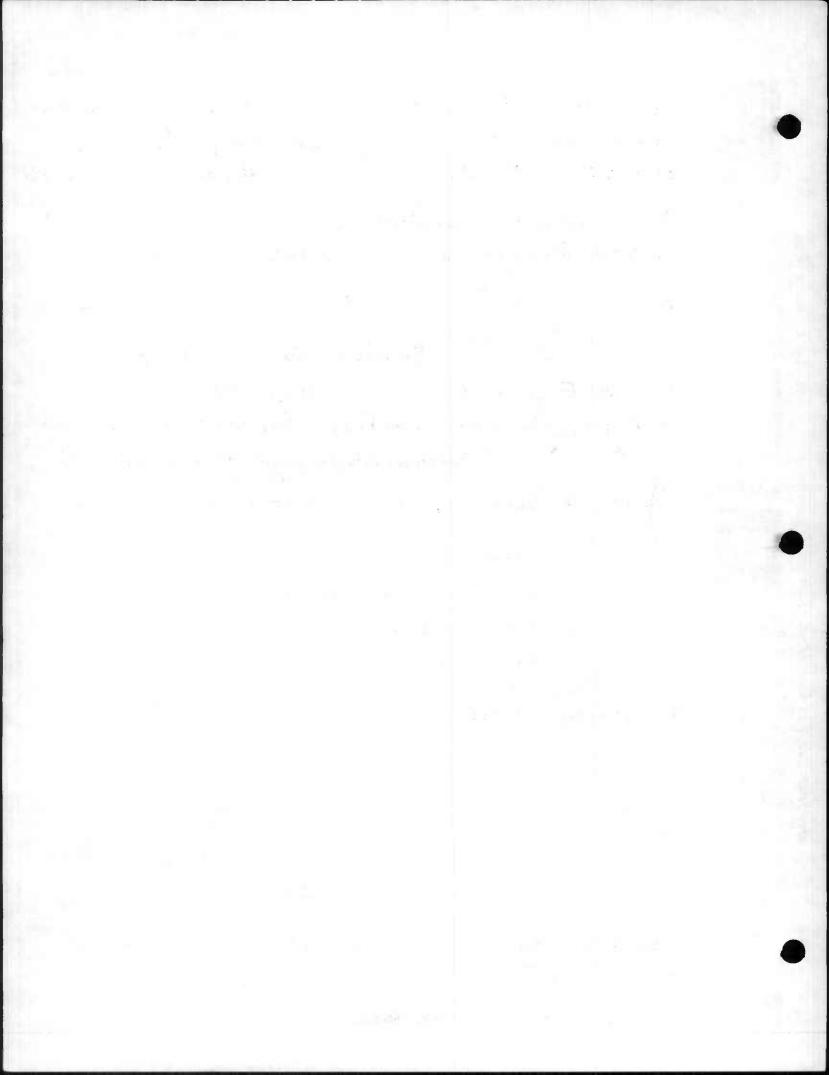
State Registrar

32. Registrar's Signature Julia Davidson

28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify)

To the Hospital or Attending Physician: The within 24 hours efter death.

To the Funeral Director: After this certificate I completely filled in by the funeral director, pag



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No. 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death Reb homas 062 4e. Facility Nama (If not institution, giva street and number, 4b. City, Town, or Location of Death 4c. County of Death Anundel NNApolis (general Undar 24 Hrs. 5. Social Security Number If Under 1 Yaar 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) Deys 1⊠M 2□ F Months Hours 220-16-8892 15 1926 MARYLAND Usual Residance ot Decedant 10b. County 10c, City, Town or Location 10d. Insida City Limits XX Yas 2 No MARYLAND | ANNE ARUNDEL **EDGEWATER** 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 119 DORSEY DRIVE 21037 US 11. Maritai Status 12. Was Decedant Ever in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuben, Maxican, Puerto Rican, atc.) 14. Race - American Indian. Black, White, atc. Yaa 2XNo f Yas, Giva 1 Nevar Married 2 Married 1 ☐ Yas XX No Specify: Specify: BLACK 3 Widowad 4 Divorced Yaar or Datas: 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Eiamentary/Secondary (0-12) Collega (1-4or 5+) CROWNSVILLE STATE 12th TRANSPORTATION HOSPITAL 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) DANIEL RANDALL ELIZABETH HOLLAND 19a. informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) RANDALL (WIFE) 119 DORSEY DRIVE EDGEWATER, MD. 21037 20b. Place of Disposition (Nama of cematary, cramatory or other p 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ₺ Buriai 2 Cramation 3 Removal trom Stata HILL CREST CEMETERY 2/9/98 ANNAPOLIS, MD. 4 ☐ Donetion 5 ☐ Othar (Spacify) 21. Signature of Funarai Sarvica Licensea 22. Nama and Addrass of Facility WM. REESE & SONS MORTUARY, P.A. eeso 821 WEST ST. ANNAPOLIS.MD. 21401 23a. Part1. Entar the dis-asa, or complications that caused the death. Do not anter the mode of dying, such as cardlac or raspiratory arrast, shock, or heart feilura. List only one ceuse on each lina. Approximata Intarval Batween Onset end Deeth tmmediate Causa (Final Heart DISEASE Interio scleratic disease or condition rasulting in daeth) UNK Sequantially list conditions, if eny, laading to immediata causa. Entar Undarlying Causa (Diseasa or injury that initiated evants resulting in daath) Last Dua to (or as a consequence of): Dua to (or es a consaguance of) Part tl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2 ☐ No 24b. Were eutopsy tindings available prior to 24e. Was an autopsy performed? complation of cause of death?

Physician /Medical Examiner

burial-transit

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attending a 88

the datech signed by t

peed

cartificate

After this

To the Hospital or within 24 hours effer deeth.
To the Funeral Director: Af

Hospital or Attending Physician: 24 hours efter deeth.

page 2 has

physiclan

The law requires that the daath certificate be executed

P.O. Box 68760.

Records,

Division of Vital

Physician

/Medical

Examiner

10a. Stata

Director

Funeral

à

Completed

Be

AGNES

Funeral

Director

r than "natural", or Itema 23a or 28a-f show the Medical Examiner must be notified at

, or Items

death with the Meryland

hours eftar

filed within 72 Hygiene.

pemii. Peges 1 end 2 should be filed w. Department of Health and Mentai thygien important: If item 27 is marked other the any Injury or other treasment.

Baltimore, Maryland 21215-0020

1 Natural

Examiner Physician/Medical þ Completed Be P 27. Mannar ot Death Medical Certification:

1 ☐ Yas 2 ☐ No

1 ☐ Yas 2 No 25. Was casa ratarred to medical 26. Piece of Deeth (Check only one) axaminer? 1 Yas 2 No 1 Inpatiant 2 ER/Outpatient 3 DOA

Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28d. Dascribe how injury occurred

28a. Date of injury (Month, Day Year) 28c. injury at Work? 28b. Tima of injury 1 ☐ Yas 2 ☐ No

2 Accident 3 Suicida 6 Could not ba 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) 4 Homicida

29a. Cartifiar 1 Cartifying Physician: To tha bast of my knowledga, daath occurred at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Madical Examiner: On the basis of examination end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and mennar stated.

29b. Signature end titla ot certified Deputy

5 Panding invastigation

29c. Licansa number 29d. Data signed (Month, Day, Year) D06054

m te end address of person who completed cause of deeth (Item 23e) (Type, Print) illiam

695 America Ct.

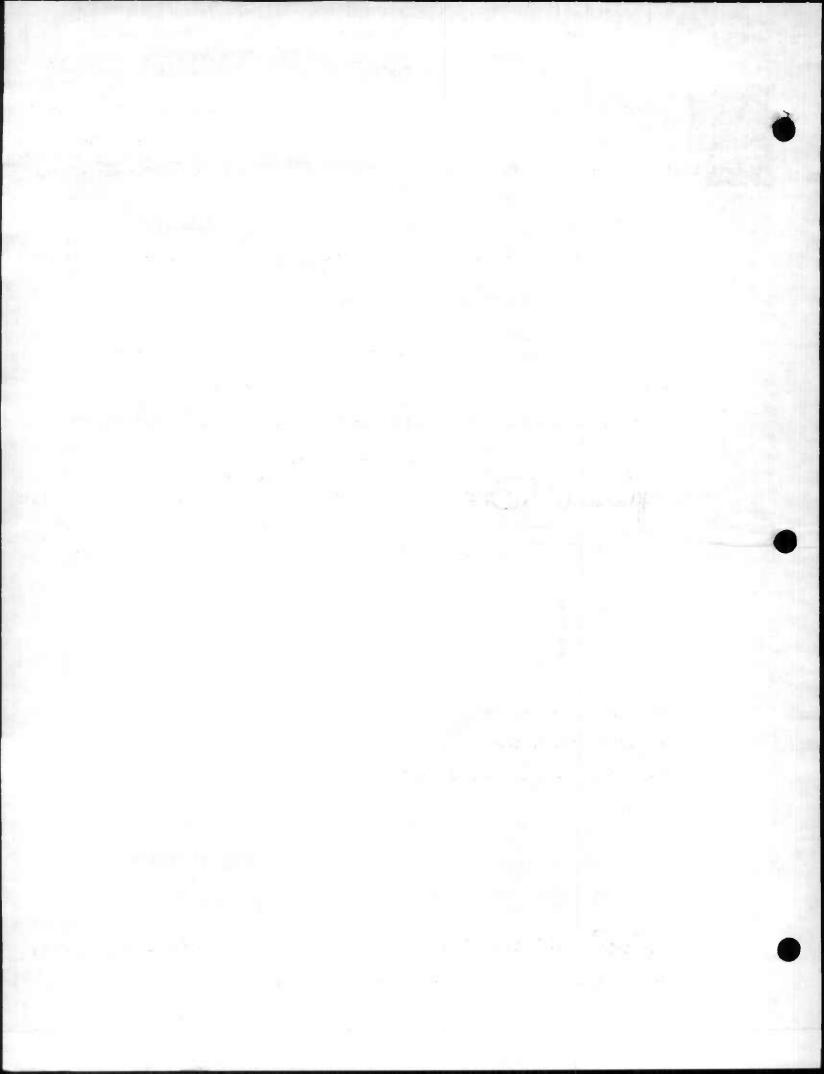
State Registrar

Jones, m D
32. Registrer's Signatura 31. Data tiled (Month, Day, Yaar) FEB 05 This Davidson

State of Maryland / Department of Health and Mental Hygiene

				ertificate of		Re	g. No. 98	05477
П	Physici	an	1. Decedant's Nama (First, Middle, Last) Louise C. Russell			2. Date of Death Month	Day	3. Tima of Death
	/Medi	cal			4b. City, Town, or Lo	January	4c. County o	
	Examir	ier	4a. Facility Nama (If not institution, giva straat and number) Prince George's Hospital Center		Cheverly	Cation of Deem		nce George's
	Funeral Director		5. Social Security Number 6. Sax 7. Aga (In yrs. last birthda 142−16−8720 1□ M 2□ 7. Aga (In yrs. last birthda 90 Yrs.	ay) if Under 1 Year	if Under 24 Hrs.	8. Data of Birth (Month, Dey, July 19		9. Birthplaca (Stata or Foreign Country) Pennsylvania
	pu *		Usual Rasidence of Decedant 10a. State 10b. County 10c. City, Town or	Location				10d. Inside City Limits
	Aaryla I sho	5	New York Madison Lebano					1 ☐ Yas XX No
	289-I	ect	10e. Street and Number	10f. Zip Code		10	og. Citizan of W	hat Country?
	3a or	Ö	Mussision Road , Earlville	1333	32			States of Ameri
Maryland 21215-0020	be filed within 72 hours after death with the Maryland tiel Hygiene. Id other than "natural", or Items 23a or 28a-f show event, tre Medical Examination portified at	by Funeral Director		3. Was Decedent of I If Yes, specify Cub 1 ☐ Yas XX No	Hispenic Origin? (Sp pan, Maxican, Puarto		14. Race	- American Indien, , Whita, atc. White
2-0	72 ho	ted	15. Decedent's Education 16a. Da	acedant's Usual Occupiva kind of work dona a. DO NOT use retire	pation	ina	16b. Kind of Bus	Inass/Industry
21	within 7	Completed	Elementary/Secondery (0-12) College (1-4or 5+)		ed)	ing		
121	2 should be filed withir end Mentel Hygisne. Is marked other than sumetic event, tra Mi			Homemaker	18. Mothar's Nam	· Con Addition A	Own Ho	
and	S d d S	Be	17. Fether's Neme (First, Middle, Last) Unknown		Mary I		<i>raiden</i> Sumama)
Z	d Mer	Jo		ailing Address (Street			City or Town 9	State 7 in Code)
Ma	od 2 s Ith en 17 Is I			adison Sti				
ē,	Peges 1 and 2 should ment of Haath end Mer ant: If Itam 27 Is marke ury or other traumatic			sposition (Nema of crametory or other pla				City or Town, Stete
E				Valley Cen		/24/98	Lebanor	ı. NY
Baltimore,	200		21. Signatura of Funarai Sarvice Licenseu	22. Nama end Addre				•
m	Depare Impor any Ir		Mich W. Core	3 Pre	eston Stre	et Earl	lville,	New York 1333
	7		23a. P. nt. Enter the disease, or complications that caused the death. Do not shock or heart failure. List only one cause on each line.					Approximata Intarvai Batween
Я	Physician		V					Onsat and Deeth
1	/Medical Examiner		Immediate Ceuse (Finel disaasa or condition rasulting in deeth) Arterioscler	otic Cardi	iovascular	Disease	2	Years
		P.	Due to (or as e con	sequence of):				
	uted d ansit	Examiner	b					
o,	death certificata be executed e attending physician and of for use es tha burial-transit		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c.	sequanca or):				
68760,	nta be nysicia ha bu	Medical	Cause (Disease or Injury thet initiated events resulting in death) Last Due to (or as e cons	saquança of):				
39)	ng ph e es t	Med						
Box	eath ce attendir for use	lan/	d					
0	the a	Physician/	Pert il. Other significant conditions contributing to death but not resulting in the	e undarlying cause gi	ivan in Part i.	23b. Did to	bacco use cont	ribute to the cause of death?
0	that the de sed by the a datached		Deep Vein Thrombosis			1 □ Ye	8 2 No	3 ☐ Probably 4 ☐ Unknown
of Vital Records,	8 50	d by				04-144		Odb Man sutana lindia a
00	> 400	Completed	Pulmonary Embolus (Resolved)			24a. Was er perlom	ned?	24b. Wara autopsy findings available prior to complation of causa
Re	e lav has	duu	Gait Disturbance and Deconditioni				34.	of deeth?
<u>ra</u>			25. Was case referred to medical	ng .	-11 17 17 17 17 17	1 □ Ya		1 ☐ Yes 2 ☐ No
<u> </u>	2 00	To Be	axaminar? XXX Hospitel: 1 ☐ Inpatiant 2 ☐ ER/Outpe	tient 3 DOA Oti	26. Place of Deat	me 5□ Resida		(Cnaciba)
0	ttending Phy deeth. :tor: After this r the funeral o		27. Mapnar of Deeth 28e. Date of Injury 28b. Time	a of 28c. Inju	ry at	28d. Dascribe ho		
Sio	Attending or deeth. actor: After by the fune	atic	2 Accidant invastigation		Yas 2 No			
Division	ire ire	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined 28e. Placa of Injury - At home, farm, building, atc. (Specify)	straat, factory, office		28f. Location (Str City or Town	aat and Numba Stata)	r or Rural Route Number,
	urs all		LIV LIV					
	Hosp 24 ho Fund Stely f	edical	29a. Cartifiar (Check only one) 1	ath occurred at the till investigation, in my	ma, data and piaca, opinion, daath occur	and dua to tha ca ed at the time, da	usa(s) and man ita and placa, ar	ner es steted. nd dua to the ceusa(s)
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely fillad in by	Mec	one) and manner stated. 29b. Signature and title of cartifier	29c. Licens				(Month, Day, Year)
	- × - ō		OR DA COIL		1852			
		-	30. Nama and addrass of person who completed cause of death (Item 23e) (Typ			7	アルレター	my 21 1998
			Paul A. DeVore, M.D. 4203 Queens		Hyattsvi	lle. MD	20781	
F	Sta	te	31. Dete filed (Month, Day, Yaer) 32. Ragistrar's Signetura			, , ,,,,,	_0,01	
	Registra	ar	FEB OF 1998 Scho Naindry To	Selfon.				

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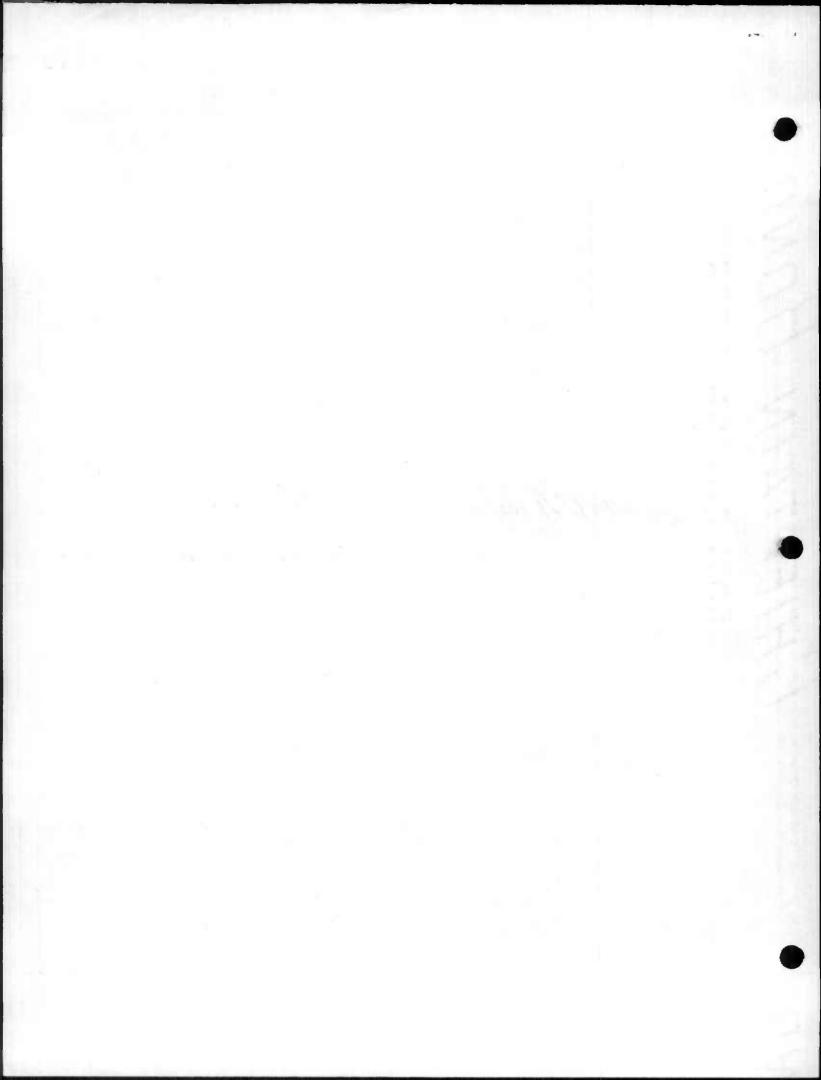


State of Maryland / Department of Health and Mental Hygiene 98 05478

						Ce	rtificate of	f Death		R	leg. No.	0 1	0 0 6	10
	Discola	·	1. Decedent's Nama (First, Middle, La	ist)					2	Dete of Dee	th	Vans	3. Tim	a of Death
	Physic /Medi		Clara Bell	L	Rochest	er			F	e prusy	Dey 3	Yeer 1998	5:0!	5 Am
5	Exami		4a. Facility Nama (If not institution, give	e street and nu	mber)			4b. City, Tow			4c. County			
			Brookegrove Nursi	ng Cent	er			Sandy	Spri	ng	Mont	gomer	cv	
	Funeral		5. Social Security Number 6. S	Sex	7. Aga (In yrs.	iast birthdey)	If Undar 1 Yaa	r If Under 2		. Dete of Birth (Month, Dey				ata or Foreign
	Director		273-09-1989	1□M 2⊠F	80	Yrs.	Months Day	s Hours	Min.	(Month, Dey	5,1917	Coun	hio	
	Q		Usual Residence of Decedent											
	rylar	_	10a. State 10b. County		10c. City	y, Town or Lo	cation					1	Od. Inside	e City Limits
	e Me	cto	Maryland Montgome	ry	Gai	thers	ourg						1 🗆 Y	fes 2⊠ No
	th th	Director	10e. Street and Number				10f. Zip Code			1	0g. Citizen of V	Vhat Coun	itry?	
	23e	le l	7211 Hawkins Crea	mery Ro	ad		20882				United	Stat	tes	
	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or itema 23a or 28a-f show but, the Medical Examine must be incitted at	Funeral	11. Marital Status	12. Wes Dece Armed Fo	edent Ever in U,	S. 13.	Wes Decedent of If Yes, specify Cu	Hispanic Orig	in? (Speci	fy Yas or No-	14. Rec	e - Amaric		i,
0	or its		1 Never Merried 2 Merried	1 Yas	2⊠No		1 ☐ Yes 2 ☑ No		T GOTTO T III	oan, ato.)		k, White,	etc.	
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5-	i within 72 hours jene. r than "natural", the Maoical Exe	Completed	15. Decedent's E	ducation		16a. Dece	dent's Usuel Occi kind of work don	upation	of working		16b. Kind of Bu	usiness/inc	dustry	
Maryiand 21215-0020	within ene. then	du	Elamentary/Secondery (0-12)	College (1	-4or 5+)	life.	DO NOT use retir	ed)	o					
7	filed within Hygiene. Other than ent, the M	S	12			Sec	cretary				Gover	nment	Ē.	
D D	0 = 0 5	Be	17. Fether's Nema (First, Middla, Last,)				18. Mothar	's Nama (I	First, Middla, i	Maiden Suman	ia)		
Xia	등등학	2	Fred Lenke					Lulan	nay	Dixon				
a	SEE		19e. Informent's Neme/Relationship (Type, Print)		19b. Melli	ng Address (Street	et end Number	or Rural F	Route Number	r, City or Town,	State, Zip	Code)	
	of Health and 2 sho of Health and N item 27 Is ma r other treums		Peggy Ford/ Daugh	nter			Hawkins	Creame	ery R	oad, G	aithers	burg,	, Md	20882
0	00-		20e. Method of Disposition 1 Burlal 2 Cremetion 3	Demovel from		lace of Dispo emetery, cre	sition (Neme of netory or other pi	lace)		Dete	20c. Location -	City or To	wn, State)
E	Department of I Important: If its any injury or o		4 □ Donation 5 □ Other (Specif			klawn	Memoria	1 Park	2/9	/98	Rockvi	11e.	Marv	land
Baltimore,	Departiments in the service of the s		21. Signature of Funeral Service Licer	1000		22	. Nama and Add	ress of Fecility						
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	-		23a. Pert1. Enter the disease, or com shock, or heart failura. List only	plicetlops that c	aused tha death	n. Do not ani	26401 R1	ring, such es c	ardiec or r	amascu: aspiretory arr	s, Mary	Land	Approxim	mate
	Physician		shock, or heart failure. List only	one cause on e	ach line.								Interval & Onset ar	Between nd Deeth
).	/Medical		Immediate Cause (Finel	Acut	TE (-0-0	DAI	+ 1-1	DA			i	77 1	112.00
	Examiner		disease or condition resulting in deeth)	ө.		ERER		INFA	rkCl				101	lones
		ě			Due to (o	ras a consec	luence of):					1		
	eath certificate be executed attending physician and for use as the burial-transit	Examiner		b	Due to (o	r as a consec	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
,	n an	EX	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury		Dua to (o	as a consec	juence or):					1		
68760,	e bur		thet mitiated events	c	Due to (or	as a conseq	uanca off:							
QX QX	ertificate be executed fing physician and ta as the burial-transit	Medical	rasulting In daeth) Last		Dua to (or	as a conseq	uance or,							
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j.	ed by the	hys				ining in the ti	idenying cause g	pven in Feit i.			•• 2 No			
7	ned a det	by P	SENILE DE	MENTI	H						2)2(40	O I FIOL	auty -	_ Olivaiowi
or vital Records,	requires ween sign hould be									24e. Wes a		24b. We	ere autopi	sy findings
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e T	The law are has board at a bage 2 sl	Ē											death?	
Ø	Iclan: The certificate rector, pag		OF Was ones referred to madical							1 🗆 Ye		1L	Yes 2	2∐ No
5	Physician: r this certific ral director,	Be	25. Wes case referred to medical examiner?	Hospitel:			0	ther		Check only on				
5	Phys rai di	: To	1 ☐ Yes 2 ☒ No 27. Menner of Death	28e. Dete		ER/Outpatier 28b. Time of	K 3LI DOA	4 KDÚVUR	-		ence 6 Other		()	
DIVISION	After fune	lo l	1 Netural 5 Pending	(Mont	h, Dey Year)	Injury	W	ork? ⊡Yes 2.⊡N		J. Describe In	ow injury occurs	90		
S	Attending or death. Sector: After by the fune	cal	2 Accident investigation 3 Sulcide 6 Could not be	9	of tolune. As ho	fat-				Location (C)	load and Mumb	ar ar Burn	/ Bouto A	to combine of
2	Or A Birec Direc	Certification:	4 ☐ Homicide determined	buildir	of injury - At no ng, etc. (Specify	ma, tarm, str)	eet, factory, office	•	201	City or Town	treet and Numb n, Stete)	er or Hura.	Houte N	umber,
-	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.		29e. Certifier Certifying Ph											
	Hos Fun Fun	edical	29e. Certifier (Check only one) Certifying Ph 2 Medicat Exam	ysician: 10 the hiner: On the ba end mann	sis of examinet	vieage, aeetr ion end/or inv	estigetion, in my	opinion, deeth	plece, end	et the time, d	euse(s) end me ete and place, :	nner es st and due to	eted. the caus	e(s)
	thin the	Ž	29b. Signature and title of certifier	end man	er stated.		29c Licer	nse number		2	9d. Date signed	d (Month i	Day Yes	r)
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			- CHOWE	M			033	5 100		t	emvery	3,	19	48
			30. Name and address of person who				00-		0		1	1.0		
			TEDE, HOWE	754		BLOOK	BRIV	JE,	1201	ons is	020,	MD	217	713
	Sta	100	31. Dete filed (Month, Dey, Year)		egistrer's Signet	-		,						
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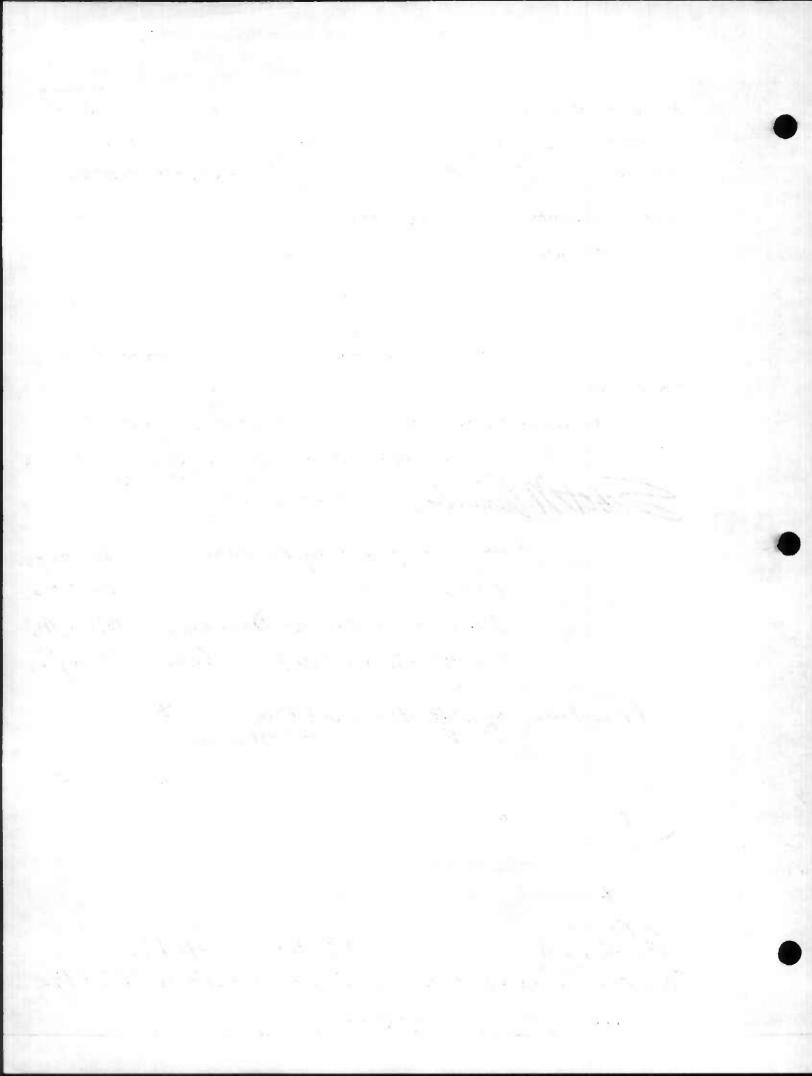
	1 - STATE REGISTRAR	STATE OF MARYLA			OF HEALTI		MENTAL	HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last) DONALD EDWIN	STIMMEL					2. DATE O MONTH	DE DEATH DAY		YEAR 998	3. TIME OF DEATH 12:20 P M
	4. SOCIAL SECURITY NUMBER 220-16-3601	5. SEX 6. AGE (// 1 № M 2 □ F 72	n yrs. lest birthday) YRS.	MONTHS	1 YEAR IF UND DAYS HOURS	ER 24 HRS.	7. DATE O (Month,		.	Country	PLACE (State or Foreign y) Tyland
5		reet and number)			TOWN OR LOCA Jerstown		EATH		9c. coun	ingt	
INEC.	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY			TY, TOWN O	R LOCATION	-					10d. INSIDE CITY LIMITS?
AAL D	Maryland Washi 100. STREET AND NUMBER 133 Devonshire F	ngton	на	igerst	101. ZIP CO 2174			T			1 X YES 2 NO
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 15-YES IF YES, GIVE WAR OR DA	U.S. ARMEO 2 NO	- H	MAS DECENDENT f yee, epecify Cui	OF HISPAN	n, Puerto Ri		U.S		— American Indian, , White, etc.
IED BY	15. DECEDENT'S EDUC (Specify only highest grade	World War II	18e. DECEDENT	'S USUAL OC				KIND OF BUSI	INESS/IND		White
COMPLE	Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Painte					ilroad			
20 20	Morris B. Stimmel	-			Car	rie 1	B. Mo		13310		
2	Mary L. Stimmel /		133 D	evons		oad 1		stown,	Mar	ylar	nd 21740
	20e. METHOD OF DISPOSITION 1	SI	other place) nithsbur	rg Cre	ematory				hsbu		wn, State aryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	Lini			NAME AND ADDI OUGLAS 331 Eas			Funera . N. H	l Ho Mager	me stow	21742 m, Maryland
	23. PART I. Enter the diseases, or c shock, or heart fellure. I iMMEDIATE CAUSE (Final disease or condition resulting in daeth)	List only one chuse on e	guant	- Ke					1		Approximata interval Between Onset and Death 3 Mount
SEMINIST IN STREET	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A OUE TO (OR AS A									
5	PART II. Other significent condition Fymulus Stroke		ut not resulting	In the un	derlying cause	e given in		24a. WAS AN / PERFORI 1 YES 2	MED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 (0.10)	HOSPITAL:	#	OTHER							
T FILISICIAIN, MEDI	27. MANNER OF DEATH 1 Asturel 6 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJURY AT WORK?		Υ	(Specify) CRIBE HOW IN	JURY OC	CUREO	
ובח סו	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, farm	n, street, fact	ory, office			TION (Street er Town, State)	nd Number	or Rural F	Route Number,
COMPLEIED	and any	CIAN: To the best of my knowl R: On the basis of examination									e) end manner ee stated.
2000	29b. SIGNATURE AND TITLE OF CERTIFIER	hav, mo)		29c, L	366	MBER 55		29d. DAT	SIGNED	(Month, Day, Year) - 199
	1185 MT- A	COMPLETED CAUSE OF DE	1.	PAGE	uston	IN)	m.	0 21	174	0	
	31. DATE FILED (Month, Day, Year) FEB 1 1 1990	32. REGIST AAR'S SIGN.	ATURE Ran	dell		7					



State of Maryland / Department of Health and Mental Hygiene 9 8

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month **Physician** 10, 1998 4c. County of Deeth Lena Agnes SIGAFOOSE 126 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Washington County Hospital Hagerstown Washington 5. Social Securify Number 6. Sex If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year)
Dec. 24, 1896 9. Birthplece (Stete or Foreign Country) Maryland 7. Age (In yrs. lest birthday) **Funeral** Months Deys 1 □ M 2 🖾 F Hours 214-09-0516 101 Yrs. Director Usuel Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c, City, Town or Location show 10d. Inside City Limits r than "natural", or items 23s or 28s-f shot the Wedical Examiner must be notified at Funeral Director Maryland Washington Hagerstown ty Yes 2 □ No 10e. Straet and Number 10f. Zip Code 10g. Citizen of Whet Country? 1221 Frederick Street 21740 USA 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Rican, etc.) 11. Maritel Stetus 14. Rece - American Indien. Bleck, White, etc. filed within 72 hours after 1 Never Married 2 Married 21215-0020 1 ☐ Yes 2 No Specify: by white 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Hygiane. Elamantary/Secondary (0-12) Collega (1-4or 5+) waitress 0 restaurant i. Pages 1 end 2 should be filed v tment of Heelth end Mentel Hygie tant: If item 27 Is marked other ti jury or other traumatic event, It marked other Baltimore, Maryland 17. Fethar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Be Douglas Johnson Rosetta White 19e. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Department of Heelth el Important: If item 27 Is any Injury or other trau Betty Ficken-daughter-in-law 34 E. North Ave., Hagerstown, Maryland 21740 20b. Piece of Disposition (Neme of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Rose Hill Cemetery 2-13-98 Hagerstown, Maryland 22. Name and Address of Fecility 21. Signeture of Europe Service Licens MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 iter the disease, or complications first caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, heart feilure. List only one cause on each lina. Approximete Intervel Betwaen Onset end Deeth **Physician** /Medical Immedieta Causa (Final spirefory Failure disease or condition resulting in death) Examiner es e consaquence of Examiner the burial-transit Sequentielly list conditions, if eny, leeding to immadiate cause. Enter Undarlying Ceusa (Disaasa or injury that initiated events resulting in deeth) Lest Heart Difere Physician/Medicai Heref Failore for use as Pert II. Other significant conditions contributing to death but for resulting in the underlying cause given in Pert I. should be deteched 23b. Did tobacco use contribute to the cause of death? 1 Yas 25 No 3 Probably 4 Unknown þ 24a. Wes en eutopsy performed? 24b. Were eutopsy findings evellable prior to completion of cause of daath? Completed page 2 1 ☐ Yes 3€ No certificate 1 Yes or Attending Physician: director. Be 25. Was case raferred to medical exeminer? 26. Place of Deeth (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Inpatient Certification: To 2 ER/Outpatient 3 DOA Manner of Deeth Deta of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? After 5 Pending death. 2 Accident 1 ☐ Yas 2 ☐ No investigation ofter deat Director: 6 Could not be determined 3 Suicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, atc. (Spacify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 Homicida 24 hours 1 Certifying Phyeician: To the best of my knowladga, daath occurred at the time, dete end pleca, end dua to tha causa(s) and manner es steted.
2 Medical Examiner: On tha basis of examinetion end/or investigetion, in my opinion, daath occurred at the time, date end place, and dua to tha cause(s) and menner steted. within 24 hour To the Funer completely fill Medical 29a, Certifier the 29b. Signal and tipe of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name and address of parson who completed cause of deeth (Itam 23a) (Type, Print) Street Hogerstown MD 21740 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State Pulia Davidson Registrar

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State of Maryland / Department of Health and Mental Hygiene \ Certificate of Death

Physician
/Medical
Examiner

Funeral Director

the Maryland 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Madical Examiner must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after death w Department of Health and Mantal Hygiane. Important: If Item 27 is marked other than "natural", or itema 23a any Injury or other traumatic event, tra Medical Examples and an analysis. Baltimore, Maryland 21215-0020

Physician /Medicai Examiner

ician and bunal-transit attanding physician the usa for be datached has

or Attending Physician: after death. Director: After this certifica funeral Hospital 24 hours e To the Hosp within 24 ho To the Fune completaly fi

Records, P.O.

Division of Vital

1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Deeth Month Catherine Ethel SPICKLER February 9, 1998 8:28 a.m. 4b. City. Town, or Location of Deeth 4a. Facility Name (If not institution, give street end number) 4c. County of Death SHADY GROVE ADVENTIST HOSPITAL AL ROCKVILLE

If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Months Days Hours Min. (Month, Dey, Year) MONTGOMERY 5. Sociel Security Number 7. Aga (In yrs. last birthdey) Birthpleca (State or Foreign Country) Days 1□M 2⊠F 214-09-4248 90 Yrs June 28, 1907 Maryland Usuai Residence of Decedant 10a State 10c. City, Town or Location 10b. County 10d. Inside City Limits 1 XYas 2 No Maryland Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 211 Russell Avenue 20851 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yas 2 ☑ No Specify: white à 3 Widowed 4 □ Divorced 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) 10 homemaker her own home 17. Father's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Surname) Jeremiah Trumpower Jenny Kinsel 19a. Informant's Name/Relationship (Type, Print) 19b. Maliing Address (Straet end Numbar or Rural Routa Number, City or Town, Stata, Zip Code) Dona Brackman - daughter 1401 Broadwood Dr., Rockville, Md. 20851 20b. Place of Disposition (Neme of cemetery, crematory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Ramovai from State 4 ☐ Donation 5 ☐ Othar (Specify) Cedar Lawn Mem. Park 2-12-98 Hagerstown, Maryland 21. Signature of Foherel Service Licens 22. Name and Address of Fecility MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 3a. Pert1. Enter the disease, or complications that causad the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Immediate Cause (Final 2day disaesa or condition resulting in death) Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Undarlying Cause (Disease or injury that initiated events rasulting in death) Last Physician/Medicai Due to (or as a consequence of) Part II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to 24a. Was an autopsy performed? Completed completion of cause of death? gastru contants ves 20 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 1 Yes 2 No Hospitai: Other: 4 Nursing Home 5 Rasidenca 8 Other (Specify) 2 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of Certification: 1 Naturai 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not ba 3 Sulcida 28f. Location (Street end Number or Rurel Routa Number, City or Town, Stete) 28e. Place of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end manner stated. Medical 29b. Signature end title of certifier

29c. License number

29d. Date signed (Month)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

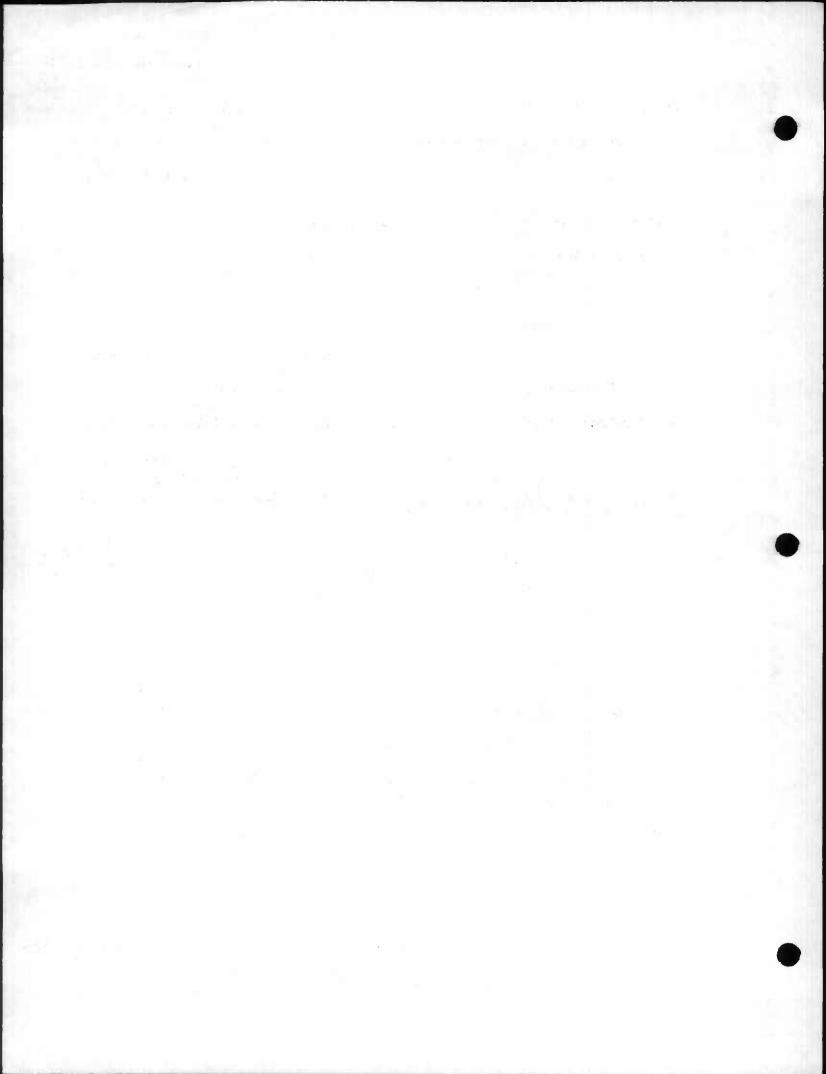
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Registrar

31. Deta filed (Month, Dey, Yeer)

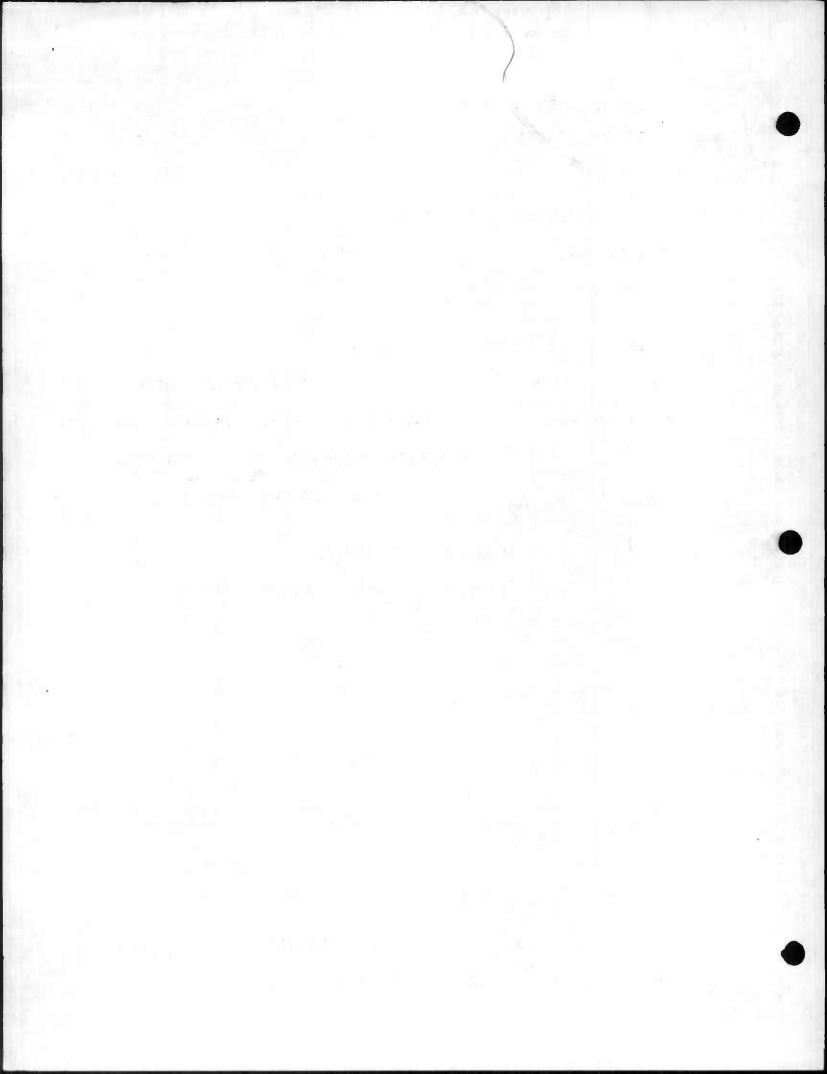
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32. Registrar's Signature



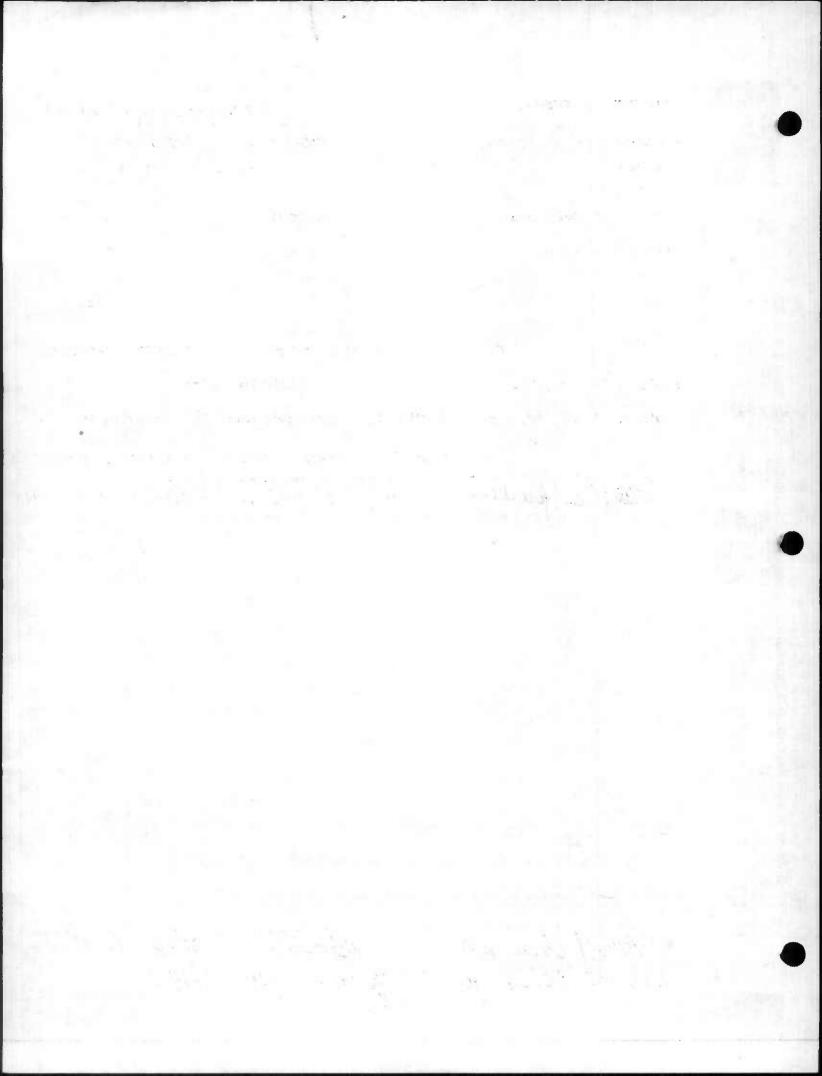
State of Maryland / Department of Health and Mental Hygiene

							Ce	rtifica	te o	f Death	,	Reg. No.	D U	2846
	Physic	ian	1. Decedent's Neme (First, Mi								2. Date of De Month		Yeer	3. Time of Death
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į	Exami	ner	4a. Fecility Neme (If not institu 25211 ELHU	JFF	COURT	r)				4b. City, Town, or CASCAL	E	WASH	y of Deeth IINGT	ON
6	Funeral Director		5. Social Security Number 210 - 26 - 7148 Usual Residence of Decedant		Sex 1 XM 2□ F	64	lest birthday Yrs.	Months				y, Yee, 1933	9. Birthp Cour Fult	place (Stete or Foreign on Co., PA
	dand ow		10a. Stete 10b. Cou	nty	-	10c. Cit	y, Town or L	ocation				-	1	10d. Inside City Limits
	death with the Maryland rms 23a or 28a-f show	tor	MD WAS	IIH	NGTON	CA	SCADE							1 ☐ Yes 2☐No
	or 28	Director	10e. Street end Number						p Code			10g, Citizen of	Whet Cour	ntry?
	s 23a	eral	25211 ELHUF	'F (17			USA		
0200-61212	s 1 and 2 should be filed within 72 hours after death with the Manylan I Health end Mental Hygiene. I tea 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Movical Examiner must be notified at	by Funeral	11. Marital Stetus 1 □ Never Married 2 ☒ N 3 □ Widowed 4 □ Divorce		12. Was Deceden Armed Forces 1 Yes 2 If Yes, Give Yeer or Detes	9? No E O		tf Yes, spe		f Hispenic Origin? (Suban, Mexican, Puer Specify:	opecify Yes or No to Rican, etc.)		ca - Americ ck, White,	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE COMP

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29b. SIGNATURE AND TITLE OF CERTIFIER

ROMERI

31. DATE FILEO (Month, Day, Year)

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32. REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH		L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest)	FLSIE	١.	SARVIS	MONT	OF DEATH	YEAR 3.	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (II	n vrs. last birthday)	IF UNDER 1 YEAR IF UNDER	,	OF BIRTH		ACE (State or Foreign	
	197-37-9196	1 - M 2 2 F	89 YRS.	MONTHS DAYS HOURS	MIN. Aug	th, Day, Year)	Country)	USYLVANIA	
ED BY PHYSICIAN: MEDICAL CERTIFICATION	9s. FACILITY NAME (If not institution, give stre	et and number)	01	9b. CITY, TOWN OR LOCATI			NTY OF DEA		
	14529 Strite Rd Hagerstown WASHINGT							TON	
	10s. STATE 10b. COUNTY							d. INSIDE CITY	
	PA tran	Klin	Gui	HORD TWA	. , Ch	amberson	ca 1	☐ YES 2 NO	
AL	10e. STREET AND NUMBER	0 \		101. ZIP COO	E.		ZEN-OF WH	AT COUNTRY?	
E	4527 Duffield	NO		1720	1	USA			
2	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 14. RACE 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 16. RACE 16. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 17. RACE 18. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 18. RACE 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 19. RACE 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 19. RACE 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 19. RACE 19. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yee or No- 19. RACE 19							American Indian, Vhite, etc.	
	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES	1 TYES 2 NO	Specify:		Specify:	WHITE	
ED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	16. DECEDENT'S EDUCA		16e. DECEDENT'S	ISUAL OCCUPATION	166	b. KIND OF BUSINESS/INC		WHITE.	
ETE	(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of willife. Do NOT use	ork done during most of working	ng				
PL	9	0	Homen	naker	7	amesti	100		
BE	17. FATHER'S NAME (First, Middle, Last)				HER'S NAME (First,	Middle, Maiden Sumame)			
	Jacob B. Ramer Susan Cauffman								
	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
	Carl A. Sarvis 4527 Duffield Rd, Chambersburg PA 17201								
	20a, METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City of Town, State								
	4 Donation 5 Other (Specify) View Measont View Mennante General Chambers Durg, PH								
	22. NAME AND ADDRESS OF FACILITY ROBERT G. Sellers Friend H								
	Don Clive	l.		297 Phil	1 HAG' C	hambershy	ra PA	17201	
	23. PART I. Enter the diseases, or co	implications that caused	tha death. Do n	ot enter the mode of dy	ing, auch ae car			Approximete	
	ahock, or heart failure. Li IMMEDIATE CAUSE (Finel	ist only one ceuse on ea	ich line.					Interval Between Onset and Death	
	disease or condition resulting in death)	lisease or condition						days	
	DUE TO (OR AS A CONSEQUENCE OF).							1	
	melostoka lum concer							monther	
	Sequentially list conditions, If any, leading to immediate							1. 10	
	cause. Enter UNDERLYING CAUSE (Diseese or injury		arcus					remous	
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST								
	d								
	PART ii. Other significant conditions	contributing to death b	ut not resulting in	the underlying cause	given in Part i.	24a. WAS AN AUTOPSY		TERE AUTOPSY FINDINGS	
5	PERFORMED? 1 YES 2 NO								
AEC									
2									
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	110001741			DEATH (Check only o	one)			
SIC		HOSPITAL: 1 □ Inpetient 2 □ ER/Outp	etient 3 🗆 DOA	OTHER: 4 - Nursing Home 5 - R	esidence 6 🗆 Oth	er (Specify)			
PH	27. MANNER OF OEATH	26s, DATE OF INJURY (Month, Day, Year)	26b. TIME INJ	OF 26c. INJURY AT WORK?	26d. OE	SCRIBE HOW INJURY OC	CURED		
	1 Natural 5 Pending 2 Accident Investigation	M 1 YES 2 NO							
0	3 Suicide 6 Could not be	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Nu City or Yown, State)					r or Rural Rou	ite Number,	
ETE	4 Homicide determined								
- 1	29a. CERTIFIER								

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data end place, and due to the cause(s) and manner se stated.

29c. LICENSE NUMBER

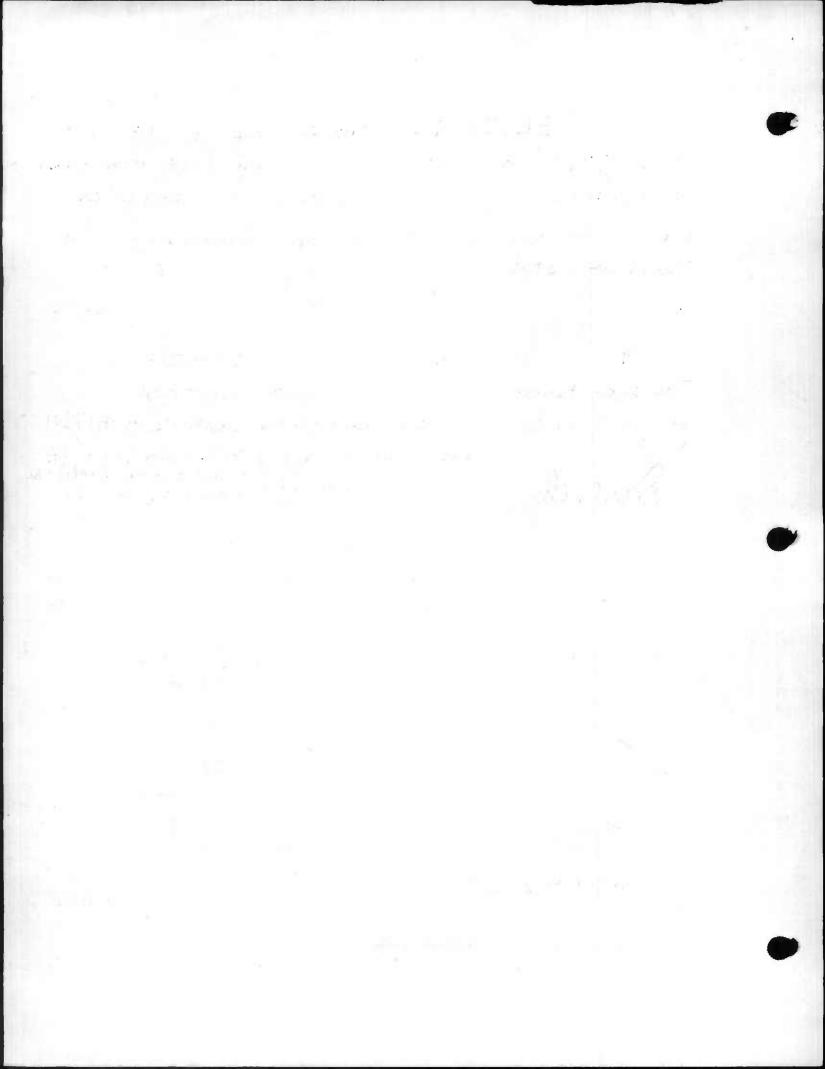
Mn-007487B

1964 BUCHANAN TRAIL BAST

SUMPY ORSCE,

5,1997

29d. DATE SIGNED (Month, Day, Year) FEB



State of Maryland / Department of Health and Mental Hygiene | Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3 Time of Death 2. Date of Deeth **Physician** 1524 CLARENCE ZITTLE SHOEMAKER JR. 4b. City, Town, or Location of Death 4c. Col 1998 /Medical 4a. Facility Name (if not institution, give street and number) 4c. County of Death Examiner WASHINGTON COUNTY HOSPITAL HAGERSTOWN WASHINGTON If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Day, Year)

MARCH 29, 5. Social Security Number If Under 1 Year 6 Sax 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funeral** 15d M 2□ F Months Days Yrs. MARYLAND Director 58 214-36-1305 Usual Residence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 1 ☐ Yes 2 No Director ROHRERSVILLE MARYLAND WASHINGTON 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21779 4409 LOCUST GROVE ROAD U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 □ Yes 2 □ No 1956—

If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) t 4 Race - American Indian 11. Marital Status Black, White, etc. filed within 72 hours efter 1 Never Married 2 N Married 1 Yes 2 No Specify: þ 3 Widowed 4 Divorced Year or Dates: 1958 WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry lith and Mental Hygiene. 27 is marked other than " Elementary/Secondary (0-12) College (1-4or 5+) 10 MAINTENANCE PAPER RECYCLING PLANT 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Pages 1 and 2 should be nent of Haalth and Mental 2 CLARENCE Z. SHOEMAKER SR. LINDA BURCKER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Department of Health ar Important: If item 27 is any injury or other trau 4409 LOCUST GROVE ROAD, ROHRERSVILLE, MD 21779 PATRICIA R. SHOEMAKER/SPOUSE 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a, Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) BOONSBORO CEMETERY 2/7/98 BOONSBORO, MARYLAND of Funeral Servine Literasee 22. Name end Address of Facility 7606 Old national Pike Paul m. Dean BAST FUNERAL HOME Boonsboro, Maryland or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiratory arrest, List only one cause on each line. Approximate Interval Between Onsel and Death **Physician** /Medical Immediate Cause (Final Metskh 11/2 years colo, cancor disease or condition resulting in death) Examiner Physician/Medical Examiner the bunel-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury Ihat Initiated events resulting in death) Last Due to (or es a consequence of): Due to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of cause of death? pege 2 should Completed 24a. Was an autopsy 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No this filled in by the funeral 28a. Date of Injury (Month, Dey Year) Certification: 27. Manger of Death 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Attanding Aftar 5 Pending Investigation 1 Natural Hospital or Attanding
 124 hours after death.
 Funeral Director: After 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homloide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. Medical 29a, Certifier To the Hosp within 24 hou To the Fune completely fi (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 041667 2.5.78 Michael J. Micharut M. D 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Michael J. Mc Cor made 11110 reduct larges W. Suite 130 lotzers bun Mp 21742 31. Date filed (Month, Day, Year) 32. Registrar's Signature State FEB 06 1998 Julia Davidson-Randolle Registrar

DHMH 16 Rev 6/95

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Saltimore, Maryland

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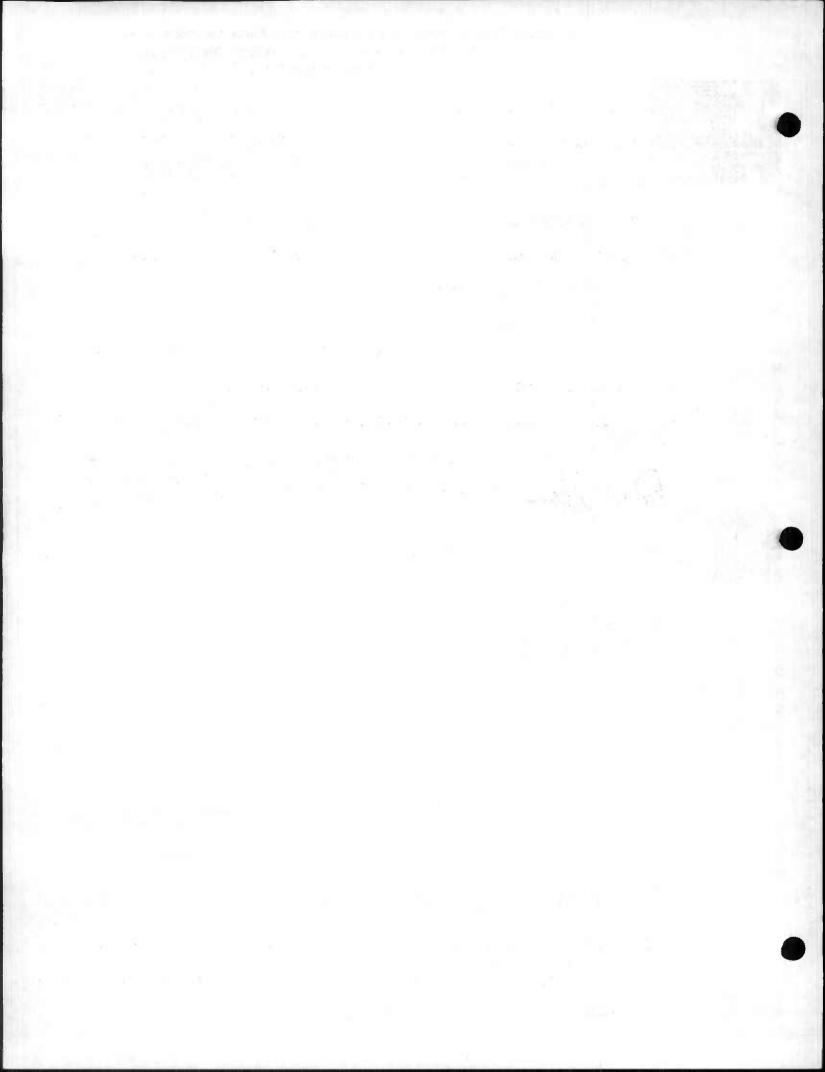
Vital Records,

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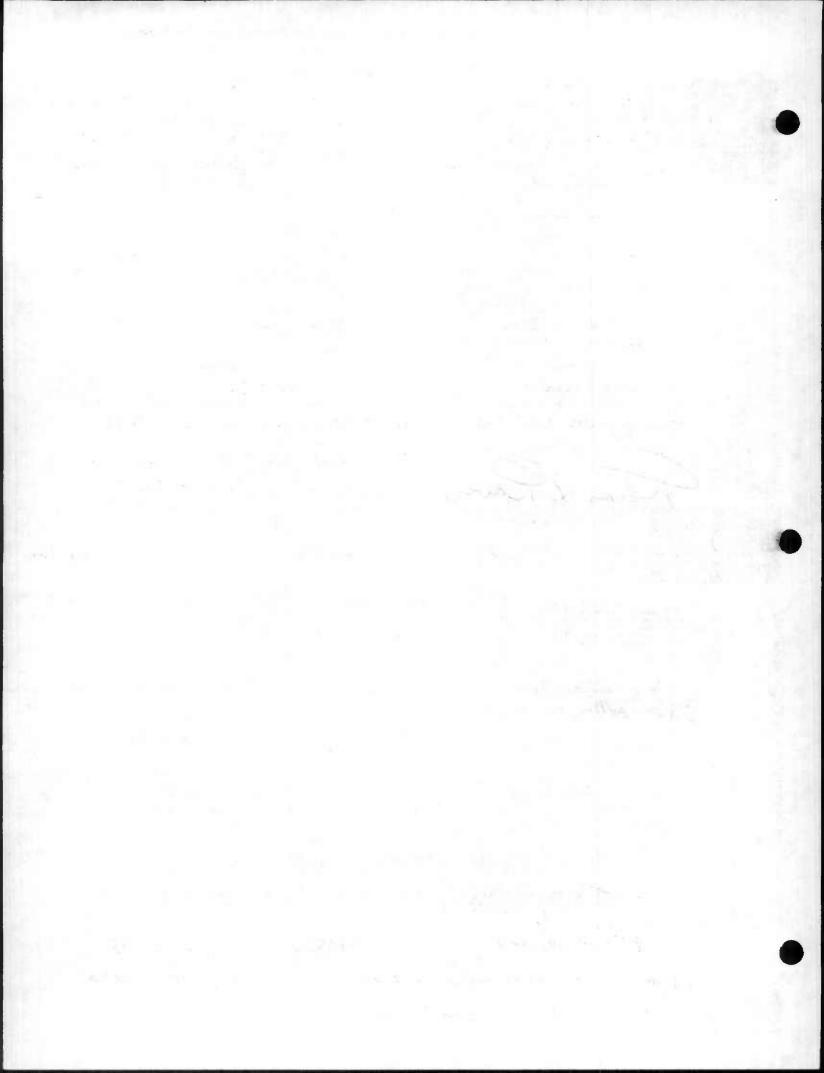
Clarence

Shoemaker



State of Maryland / Department of Health and Mental Hygiene

				Cei	rtificate d	of Death		Reg. No.	0 051	499
Physic	ian	Decedent's Name (First, Middle, Last					2. Dete of De	eth	Voes	of Death
/Med		Lewis Herman S					Feb.	4,	998 9:20) A.M.
Exam	iner	4e. Fecility Neme (If not Institution, give street and number) 12713 Bradbwry Ave.							of Deeth Shington	
Funera Director		177 07 0103	$^{ ext{X}}$ M 2 \square F $\overset{ ext{7. Age (In yrs. last birthday)}}{82}$ Yrs. $\overset{ ext{If Under 24 Hrs.}}{ ext{Months}}$ $\overset{ ext{Deys}}{ ext{Deys}}$ Hours $\overset{ ext{Min.}}{ ext{J}}$			8. Dete of Bir Month, Da July 2	ete of Birth Month, Day, Year) 15 9. Birthplece (State of Maryland		e or Foreigr	
a-f show	ctor	Usuel Residence of Decedent 10e. State 10b. County Md. Washing		City, Town or Lo Smiths					10d. Inside 1 □ Ye	City Limits
th with th	ai Director	10e. Street end Number 12713 Bradbwry	Aue.		10f. Zip Cod 217			10g. Citizen of U.S.	Whet Country?	151
Baltimore, Maryland 21215-0020 semit. Peges I and 2 should be filed within 72 hours effer death with the Maryland Department of Heelth and Mentel Hygiene. moortant: If Item 27 is marked other than "natural", or items 23s or 28s-f show iny highry or other traumatic svent, the Moderal Evantiner must be notified at angles.	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in Armed Forces? 1 ☐ Yes ※XNo If Yes, Give Year or Detes:		Was Decedent of Yes, specify C	of Hispenic Origin? (Suben, Mexican, Puer No Specify:	Specify Yes or No to Rican, etc.)	14. Rac Ble Specify	ce - American Indien, ck, White, etc.	
V1Z15-00Z J within 72 hours piene. r than "natural", ma Wooleal Ex-	Completed	15. Decedent's Ed (Specify only highest gre	ucation de completed)	16e. Deced	dent's Usuel Oc	cupetion	rkina	16b. Kind of B	usiness/industry	
within ene.	I du	Elementery/Secondary (0-12)	College (1-4or 5+)	life.		ne during most of wo tired)	nnig	D = 11	2	
d Z 12 filed with Hygiene. ther than		17. Fether's Name (First, Middle, Last)			Engin		4000 4 5 4 4 4 4		Proad	
and of the state o	Be		1.00				me (First, Middle,	Maiden Suman	10)	
VIARYIAN 12 should be for and Mentel I is marked or raumatic sve	10	Herman Steven 19e. Informent's Neme/Reletionship (7)		401 14-12		Etha Ho	4 4			
Ma d2s d2s than T1sr trau		Evelyn M. Stevenso				eet and Number or R				
Nore, Maryland See 1 and 2 should be filled to Heelth and Mentel Hyger if item 27 is marked other or other traumatic svent,		20e. Method of Disposition		Plece of Dispo	sitlon (Name of natory or other)	wry Ave. S	Dete Dete		City or Town, State	
no eges ant of tr. If it		1 N Burist 2 Cremetion 3 .	nemover from State	-						
ortme rian		Donetion 5 ☐ Other (Specify				ery Feb. T	,1998	Waynest	оло, Ра	
DESILLIMOTE, M permit. Peges 1 and 2 Department of Heelth, important: if item 27 is any injury or other tre once.	(mennes J.	navio	De	avis Fu	neral Home	Smith	Bradbur	ly Ave.	
		23a. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	plicetions that caused the dea one ceuse on each line.	eth. Do not ente	er the mode of	dying, such es cardie	or respiretory e	rrest,	Approxim Interval B	letween
Physician /Medical Examiner	al	Immediate Couse (Finel disease or condition resulting in deeth) e. pan creatic can us (by worth							1	
- CAUTHOO	ē	resulting in deeth)	Due to (or es e consequence of):							
anth certificate be executed ettending physician end for use as the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	Due to (or es e consequence of):							
certificate be executed indig physician and issees the buriel-transit	Medicai	Ceuse (Diseese or Injury that Initiated events resulting In deeth) Lest	CDue to (or es e consequence of):							
ath cert ettendin for use			d						<u> </u>	
death he etter	Sici	Pert II. Other significant conditions co		sulting in the ur	nderlying cause	given In Pert I.	23b. Did 1	obacco uea co	ntribute to the cause	e of death?
es that the death ce igned by the ettendii be detached for use	by Physician/	Divisites Welliams					1 ☐ Yee 2 ☑ No 3 ☐ Probably 4 ☐ I			Unknow
aw requir	Completed						24e. Wes perfo	en eutopsy rmed?	24b. Were eutopsy eveileble prior completion of of deeth?	ir to
The Cate h							101	res 2 No	1 ☐ Yes 25	No
certificate	Be	25. Wes case referred to medicel exeminer?	Hoonital				eth (Check only o	ne)		
rending Physician: The leath. for: Affer this certificate he the funeral director, page	J.	1 Yes 2 No 27. Menner of Deeth			b. Time of linjury et Work? 28d. Descrit			Residence 6 □Other (Specify)		
After funer	ion	1 ☑Naturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Year)					28d. Describe how injury occurred		
2005	Certification:	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined				28f. Location (Street and Number or Rural Route Number, City or Town, Stete)				
To the Hospital or Att within 24 hours efter d To the Funeral Direct completely filled in by	edical Ce	29a. Certifier (Check only (C								
the I the I	Med	une)	end manner steted.							
5 × 5		29b. Signature and the of certifier	/100		-/-	ense number		29d. Dete signed (Month, Day, Year)		
		143590 2-5-98								
		30 Same and address of person who of				MITHIA	ne6,	MD.	21783	
Sta Registr		FEB 05 1998	32. Registrer's Sign	eture			-			



State of Maryland / Department of Health and Mental Hygiene 98 05487

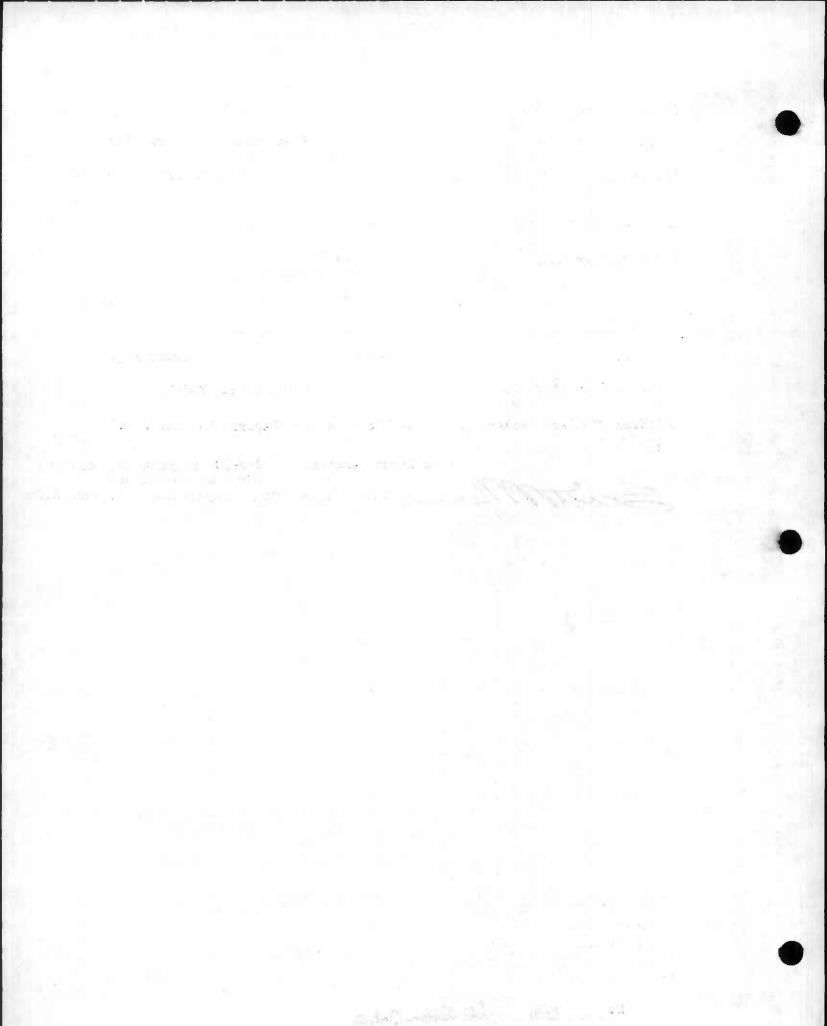
				Cei	rtificate of	Death		Reg. No.		0401
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/Med			Shupp				2	01	93	807 PM
Exam	iner	4e. Fecility Nama (If not institution, give street	. 1 11			4b. City, Town, or Clear	-	Wast		4
		10802 G-AMISON 5. Social Security Number 6. Sex	7. Age (In yrs.		If Undar 1 Yeer		1			
Funera Directo		213-68-6935 10 M 2		Yrs.	Months Days	Hours Min.	8. Date of Bir (Month, Da	y Year)	Coun	laca (Stata or Foraign
		Usual Rasidance of Decedant					1/43	136	A PLACE	yland
nylan show	_	10a. Stata 10b. County	10c. Ci	ty, Town or Lo	7 (1	Od. Inside City Limits
Se Ma	Director	MD Washingto	on a	ear	Sprine	3				1 □ Yas 2 □ No
with th		10e. Straat and Number	1111	0 /	10f. Zip Code	722		10g. Citizan of V	-	itry?
death with the Maryland ma 23a or 28a-f ehow	Funeral	10802 Garrison	I Specedant Evar in U	Road					e - Americ	an Indian
fter d	F	Arr	med Forcas?	,,s. 13. Y	f Yas, specify Cub	Hispanic Origin? (S en, Mexican, Puart	o Rican, atc.)		k, Whita,	
21215-0020 d within 72 hours efter giene. rr than "natural", or ite	by	activity is a lift of the state	'as, Giva ar or Datas:	1	1□ Yas 2☑No	Specify:		Specify	Wh	ik
5-0 72 ho	Completed	15. Dacedant's Education (Specify only highast grade comp	n(atad)	16a. Daced	lant's Usual Occup	pation during most of wor	kina	16b. Kind of Bu		
vithin within than "	dE	Elementery/Secondery (0-12) Co	llege (1-4or 5+)		1	. 1				honel
d 212 filed with Hygiene. rther than	S	17. Fathar's Nama (First, Middla, Last)	0	correc	honal	18. Mother's Nam	-	•	Stif	ute
ylan buld be Mental arkad o	o Be	John Summer	Shupp)		Wauni	4		,	
Maryland d 2 should be file th and Mental Hy 7 Is merked othe treumetic event	5	19a. Informant's Name/Ralationship (Type, Pri			ng Addrass (Straai	and Number or Ru				Coda)
e, Mi 1 end 2 Heelth a mm 27 is ther tra		SHARON SHUPP		10800	GARRIS	ON HOLL	W RD (LEAK SPI	eins 1	40-1132
altimore, Maryland 21215-0020 mit. Pages 1 end 2 should be filled within 72 hours efter death with the Marylan perment of Heelth and Mental Hygiene. portant: if item 27 is marked other than "natural; or itema 23a or 28a-f show y injury or other traumatic event, the Medical Examiner must be notified at		20a. Mathod of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐ Remove		Placa of Dispo	sition (Nema of	C8)	Data	20c. Location -		
<u> </u>		4 Donation 5 Other (Specify)	ST.	PAUL	EMETER	Y FEB. 6	11998	YEAR SI	KINE	, MD.
Baltimore, pemit. Pages 1 e Department of Hee important: If item any injury or othe		21. Signeture of Funaral Sarvice Licensea		22	Name and Addre	FUNELA	LHONE	TIC		
40.500		Junglan A. S	Ling	PI	DIBOX SIC	O CLEAR	SPRING	MD. 21	722	
		23a. Part1. Enter the disease/or complication shock, or heart failure. List only one cause	that caused the dear se on each line.	th. Do not enti	er the made of dyi	ng, such as cardiac	or respiratory a	mest,		Approximata Interval Batwaan
Physician /Medical		Immediata Causa (Final	0	/	ر. سر				1	Onset end Deeth
Examiner		disaasa or condition resulting in death) a.	Respira	tory	raila	ire				lays
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60, be ext	E E	Sequentially list conditions, if any, leading to immediata ceusa. Entar Undarlying Ceuse (Disaesa or Injury								
68760, fficate be ex g physician as the buria	Medical	that initiated events rasulting in daath) Last	Dua to (c	or as a consaqu	uance of):				1	
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P.O	Physician	1 .	2)	oning in the or	idanying causa gi	van in Fait I.	1 🗆			babty 4 Unknown
S, es tha	by F	cajalac Consti	netion							
Records, P.O. Bo he lew requires that the death has been signed by the affe- ige 2 should be detached for	ted	Pulmonore En	aboli				24a. Wes	an autopsy med?	ava	ara autopsy findings ailebla prior to
2 2 8	Completed	DI X	,		51.	1 / 61	2 4	/	of	mpletion of causa death?
- F # 8	_	ratent toramen	n ovale	with	right	to left s	Shuntio.	Yes 2 No	10	Yes 2□ No
Vital I sicien: The certificate irector, pag	o Be	25. Was cese rafarrad to medical axaminer? 1 Yas 2 No Hospita	l:	1000	Ott	26. Plece of Das	-			
On of ding Phys h. After this funeral d	7: To	27. Mennes of Daath 28e	Date of Injury	28b. Tima of	28c. Inju Wo	4 LI Nursing H	oma 5 Aasid	danca 6 □Oth now Injury occur		()
Vision of Vita Attending Physician: or death. ector: After this certific by the funeral director,	atio	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigation	(Month, Day Year)	Injury		rk?]Yas 2 □No				
	Certification:	3 Suicide 6 Could not be datamined 28a	Place of Injury - At h building, atc. (Specif	oma, farm, stre	eat, factory, office		28f. Location (S City or Tox	Streat and Numb	er or Rura	l Routa Number,
Div Ital or A urs after rei Direc										
Divi	edical	29a. Certifiar (Check only one) 1 Certifying Physician: 2 Medical Examinar: Or	the basis of axamina	wledge, daath tion and/or inv	occurred at the time astigation, in my o	me, data and place	, and dua to the rred at tha tima,	ceusa(s) end ma date end plece,	nnar as st	ated. tha causa(s)
ithin to	Mec	29b. Signature end titla of certifiar	d mannar statad.		29c. Licans	sa number		29d. Data signe	d (Month.)	Day, Year)
6444		10 1 00	huel 1	MD	100		_	1.		
		30. Nama and addrass of person who complate	d ceusa of deeth /Item	n 23a) (Type 1	Print)	3994		20 %	, (7170
			KIND =	150 W	Pratt	3994 St. 5	cite &	80 B	Ihm	ore. MD
	ate	31. Date filed (Month, Day, Year)	32. Hagistrar's Signa	atura						7
	rar	FFB 0 6 1998	I Julia D	andres -	andelle					

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State of Maryland / Department of Health and Mental Hygiene

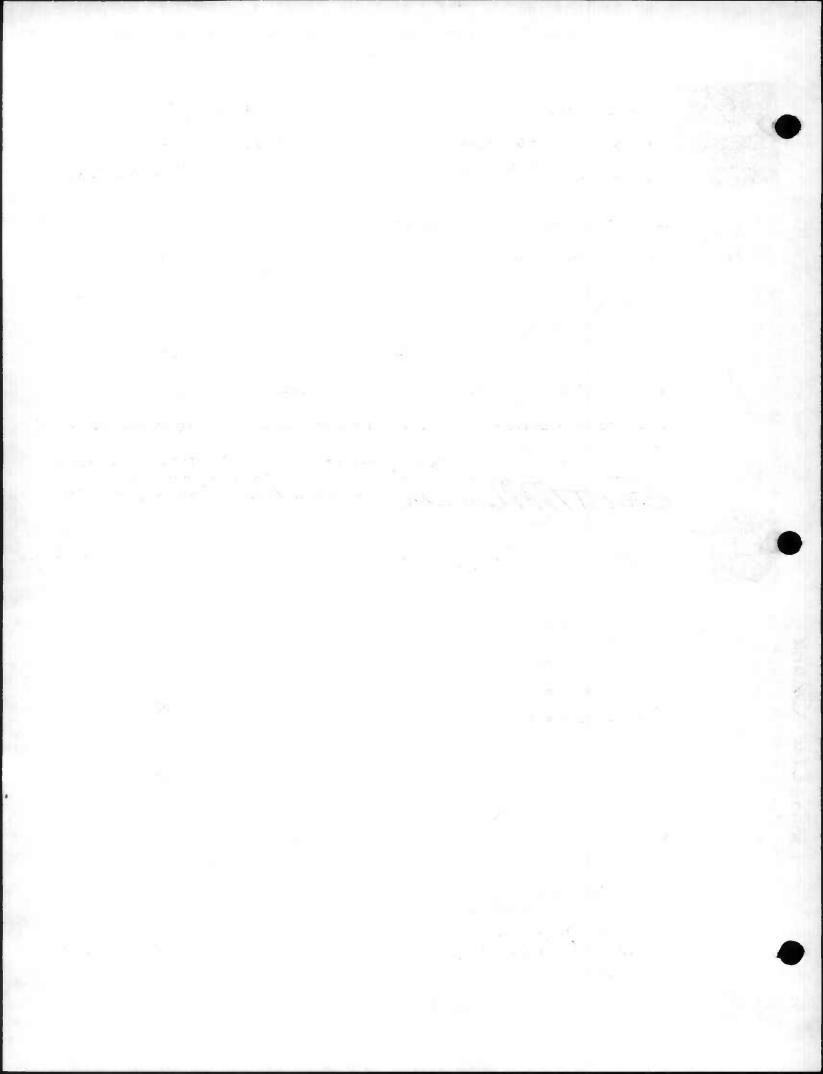
Certificate of Death Reg. No. 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month Irvin Charles FRE 1200 /Medicai 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 18815 Preston Road Hagerstown Washington If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funeral** Birthplace (State or Foreign Country) 1 M 2 F Months Days Director 68 Dec. 10 1929 Maryland 215-26-8324 Usual Residence of Decedent with the Maryland 10a. State 10b. County r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at 10c. City. Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Washington Hagerstown 10e. Streat and Number 10f. Zip Code 10g. Citizen of What Country? deeth 21740 U.S.A. Funeral 18815 Preston Road 12. Was Decedent Ever in U,S.
Armed Forces?
1 □Xres 2 □ No
If Yes, Give
Year or Dates: Korean 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Department of Health end Mentel Hygiene. Important: If Item 27 is marked other than "natural", or Item any injury or other traumatic event. In Medical Facilities 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: 2 Specify: 3 Widowed 4 Divorced White 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 0 Laborer Crane Mfg. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Charles Sylvester Shaw Frances Leah Smith 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mildred Fiddler - Friend 442 Ridge Avenue Hagerstown, Md. 21740 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ABurial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Rest Haven Cemetery 2-6-98 Hagerstown, Maryland 21. Signature of Funerel Servica Licensee 22. Name and Address of Fecility Minnich Funeral Home ned 415 E. Wilson Blvd. Hagerstown, Maryland 21740 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Interval Between Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in deeth) ARTORIOSCIBROTTE CARPIONES CULAR DUBISE Examiner Examiner physician and s the buriel-transit be executed Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or es a consequence of): Box 68760. Physician/Medical Due to (or as a consequenca of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobecco use contribute to the cause of death? PNEUMONIA Yes 2 No 3 Probably 4 Unknown Records. à 8 Completed 24b. Were autopsy findings evaliable prior to completion of cause of death? 24a. Was an autopsy performed? NON CAMPLIANCE pege 2 s certificete 1 🗆 Yes 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours efter deeth.
 Funeral Director: After this certifical letely filled in by the funeral director. 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) Hospital: 10 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Yeer) 27. Manner of Death 28d. Describe how Injury occurred Certification: 28b. Time of 28c. Injury at Work? 1 Natural 5 Pending 2 Accident 1 Yes 2 No Investigation 3 ☐ Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 - Homicide to Cartifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Con the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. Medical 29a. Certifier pletely To the vithin 2 To the comple 29b. Signature and bit and certifier 29d. Date signed (Month, Dey, Year) D40622 ddress of person who completed cause of death (Item 23a) (Type, Print) UZI CANIN 19236 KIEVYKIA MERSON VIEW OR HABBERTOWN MO 21742 mo 31. Date filed (Month, Day, Year) 32. Registrar's Signature State Julia Davidson FEB 0 5 1998 Registrar



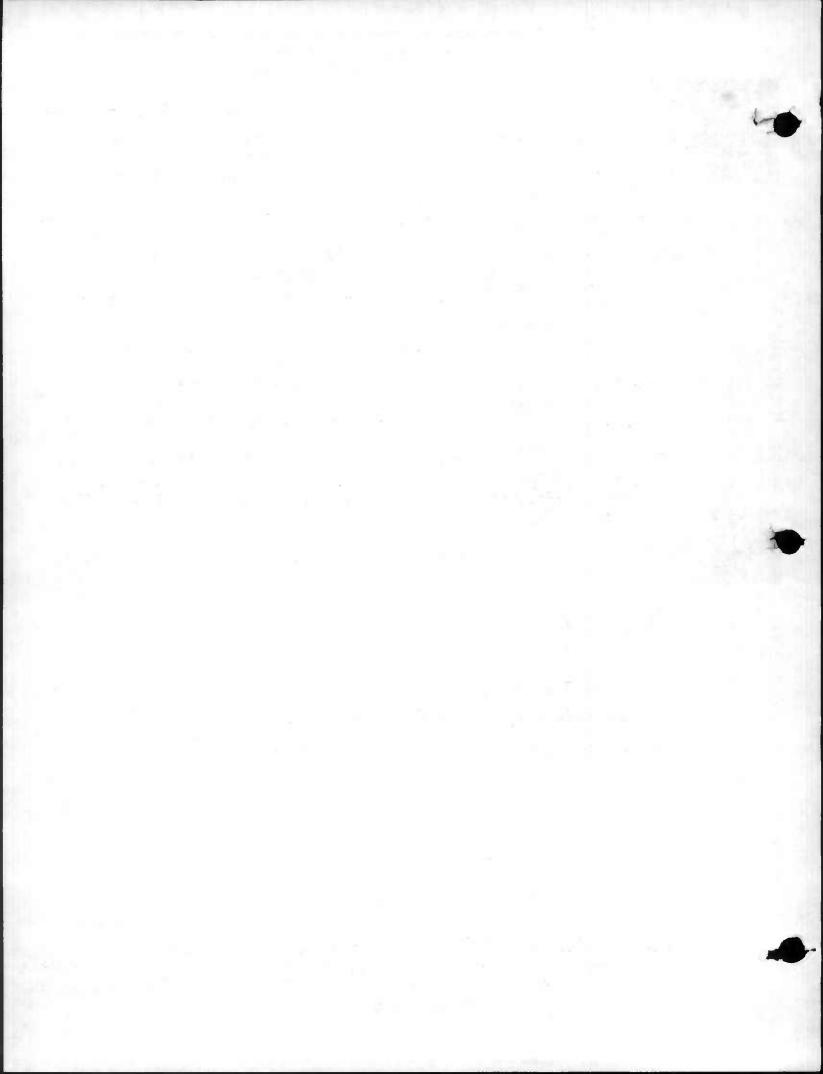
State of Maryland / Department of Health and Mental Hygiene

						Certific	ate of	Death		Reg. No.	05489
	Dhusis		1. Decedent's Nama (First, Middle,	Last)					2. Data of Dea	ath	3. Tima of Death
	Physici /Medi		Linda Lou SHAN	TK					Februa		199 1:28AM
	Exami		4a. Facility Nema (If not institution,	give street and number	7)			4b. City, Town, or L	ocation of Death	4c. County	of Death
1			Washington County Hospital Hagerstown 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) if Undar 1 Year If Under 24 Hrs. 8. Dete of Birth								ington
	Funeral		5. Social Sacurity Number 6	. Sax 7. A 1 M 2 XF		Mont		If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Day	h y, Year)	Birthpleca (State or Foreign Country)
	Director		216-38-2285	I W E CAL	56	Yrs.			Oct. 2	3 1941 1	Pennsylvania
	pue *		Usual Residence of Decedent 10a. State 10b. County		10c. City. 7	Fown or Location					10d. Inside City Limits
	/anyl	5									1 ☐ Yes 27 No
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218	within 7 ene. than "n	Completed	(Specify only highest Elamentery/Secondary (0-12)	grade completed) College (1-4or		(Give kind of life. DO NO	f work done T use retire	during most of world)	king	,	
2121	or de la la la la la la la la la la la la la	NO.	12	0	0.,	Homen	naker			Her own	n home
pu	al Hy I oth	Be (17. Fathar's Nama (First, Middle, La	st)				18. Mothar's Nam	na (First, Middle,	Maiden Sumame	9)
Maryland	2 should be filled within n and Mental Hygiene. Is marked other than "raumatic event, tre Mar	2	Bernard Washin	igton Sande	rs			Lena Ma	arie Wil	.es	
lar	2 shc end is me		19a. Informant's Name/Relationship	(Type, Print)		19b. Malling Add	ress (Street	end Number or Ru	ral Route Numbe	er, City or Town, S	State, Zip Code)
			Sherry Shank -	Daughter				er Rd. A	pt. 6 H	lagerstov	wn, Md. 21740
Ore	of H		20e. Mathod of Disposition 1 XBurlel 2 ☐ Cramation 3	□Ramoval from State	20b. Plac	e of Disposition (etery, crematory	(Name of or other ple	се)	Data	20c. Location - 0	City or Town, State
Ë	Pag ment ant: I		4 Donation 5 Othar (Spe			Hill Ce	meter	у 2	-4-98	Hagersto	wn, Maryland
Baltimore,	permit. Pages 1 end Department of Healt Important: If Item 27 any injury or other 1 once.		21. Signature of Funeral Service Lic	ensee	*	23. Name	a and Addra	ss of Facility M	innich F	uneral I	Home
ш	70E 2 9		Scott	100000	mes	415	E. Wi	lson Blv	d. Hage	erstown,	Md. 21740
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	Physician										Onset end Death
	/Medical Examiner	ш	Immediata Ceuse (Finel disaasa or condition	a. Em	pytr	na					15 days
	Examinici	<u>.</u>	rasulting in death)		Due to (or as	s a consequence	of):				
	led nsit	Examiner		b. ———							
	lew requires that the death certificate be executed es been signed by the ettending physician end a 2 should be deteched for use as the bunel-trensit	xar	Sequantielly list conditions, if any, leading to immediata causa. Enter Undarlying Causa (Disease or injury		Due to (or as	s a consequence	of):				
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68	ndificete ng phy es the	Medicai	rasulting in death) Last		Dua to (or as	a consequenca	of):				
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0	t the de by the	hys	0 1		DUL HOL FASUILIF	ig in the undanyii	ng causa gn	an in Part I.		V	3 Probably 4 Unknown
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Records,	n sig		,						24a. Was	an autopsy	24b. Wara eutopsy findings
00	w requires been si should	Completed							perfor	rmed?	available prior to completion of cause of death?
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tal	sician: The certificate irector, peg		25. Was casa referred to medical					26. Place of Dee			1 Tas 2 140
of Vital	Physician: this certific ral director,	To Be	exeminar?	Hospital:	ient 2□FR	/Outpatient 3□	DOA Oth	or		lance 6 □Otha	r (Chaoibi)
0	g Phys er this eral di		27. Menoar of Daath	28a. Date of Inju	ury 28	b. Tima of	28c. Injui			ow injury occurre	
ior	ath. :: Ath	atio	1 Neturel 5 ☐ Pending 2 ☐ Accident invastigat		sy rear)	Injury M		Yas 2□No			
Division	Atte	Certification:	3 ☐ Sulcida 6 ☐ Could not determine	d 28a. Placa of In	jury - At homa	a, farm, straet, fac	ctory, office		28f. Location (S City or Tow		er or Rural Route Number,
Ö	s efter	Ser	4 Hornicida	building, e	tc. (Specify)				City or ron	m, State)	
	pospit hour uner		29a. Certifier 1 Certifying I	Phyeician: To the best	of my knowled	dge, daath occur	red at tha tir	ma, data and place,	end due to the	euse(s) end mar	nnar as stated.
	To the Hospital or Attending Physician: within 24 hours efter death. To the Funerel Director: After this certific: completely filled in by the funeral director.	edicai	one)	and manner st	teted.	and/or invastiga	tion, in my c	pinion, daath occur	red at the time, t	deta and placa, a	nd dua to tha cause(s)
	Vith To 1	Σ	29b. Signatura and titla of cartifier	7)		29c. Licans	a number	,	are a contract	(Month, Day, Year)
			would	mi di	a "	u,O.	1	4623	F	ebrua	71,1998
			30. Name and eddress of person wh	o completed causa of	death (Item 23	Ba) (Type, Print)		11	,		
			Ur. Lac	370	Mill	At	/	Hy . /10	1	- 1	
	Sta Registr		31. Date filed (Month, Dey, Year) FR 0 3 1	998 32. Regist	nar's arghatura	on-Randal	2	/			



State of Maryland / Department of Health and Mental Hygiene

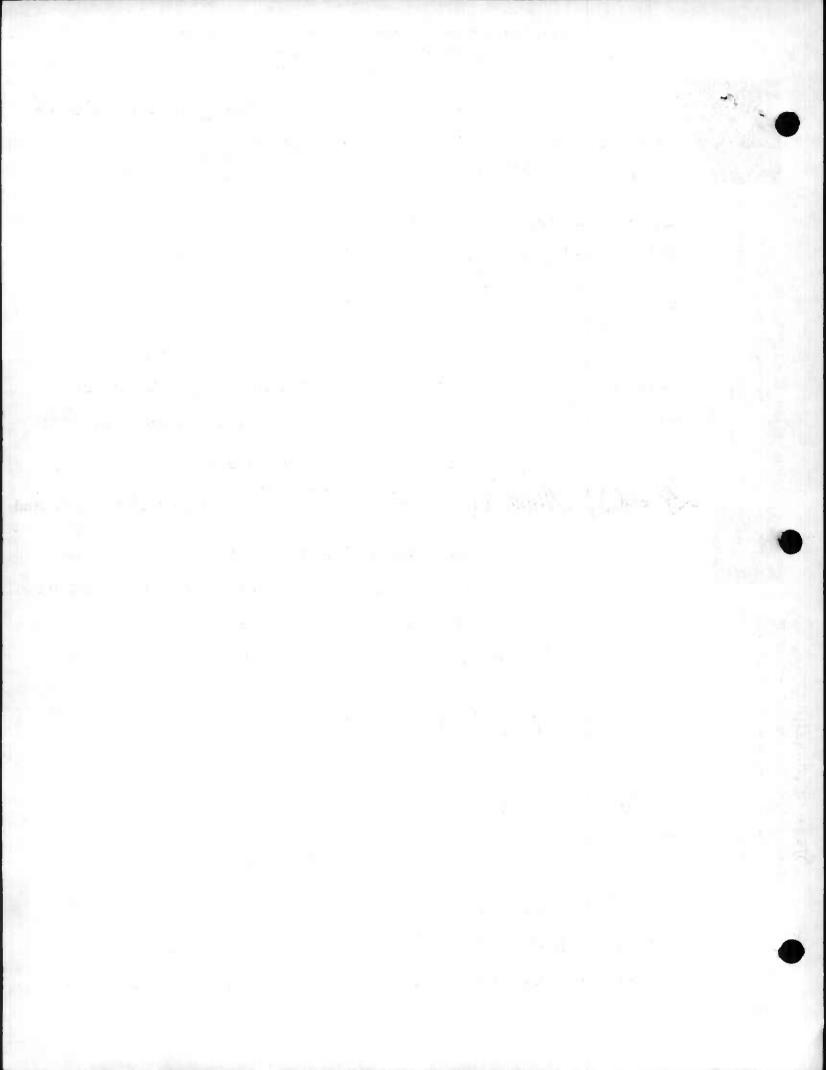
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Deeth 3. Tima of Death Day 31 **Physician** Month Smith Robert Clvde 1998 2332 MYDURAL /Medical 4a. Facility Nema (If not institution, giva streat and number) 4b. City, Town, or Location of Daeth 4c. County of Death **Examiner** Washington Washington County Hospital Hagerstown If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foraign Country) **Funeral** 1₩ 2□ F 72 Yrs 382-20-7556 Director Sept 27, 1925 Pennsylvania Usuel Rasidanca of Dacedant Peges 1 end 2 should be filed within 72 hours effer death with the Maryland nent of Health and Mental Hygiene. Int: If Itam 27 is marked other than "naturel", or items 23a or 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits item 27 is marked other than "naturel", or items 23a or 28a-f show other traumatic event, the Magical Examinating that be notified at 1 Yas 2 No Director Maryland Frederick Myersville 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 4103 Crow Rock Road 21773 USA by Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, atc. 1 X Yas 2 ☐ No If Yas, Giva Year or Datas: 43–46 1 Naver Married 2 Married Baltimore, Maryland 21215-0020 Specify: 3 ☐ Widowed 4 ☐ Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) Federal Government 12 Manager 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Pearl Mae Vincent Richard Valters Smith 19a. informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Department of Health an important: if fram 27 is any injury or other trau Alice I. Smith 4103 Crow Rock Road, Myersville, Maryland 21773 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Specify) Harmony Ch Of Breth Cemt 2-4-98 Harmony, Maryland 21. Signature of Funaral Sarvice Licenses 22. Nama and Addrass of Facility 504 Main Street ekette Myersville, MD 21773 Ricketts Funeral Home 23a. Perf 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart folium. List only one cause on each line. ntarval Baty **Physician** /Medicai Immediata Causa (Final diseasa or condition resulting in death) Examiner Dua to (or as a consequence of): Physician/Medical Examiner The lew requires that the death certificate be executed the buriel-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consaquance of): Records, P.O. Box 68760, physician Dua to (or as a consequance of): use as Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the causa of death? funeral director, page 2 should be detect HYPERTENSION DIABETES MELLITUS 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown þ 24b. Wara autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy performed? HYPERLIPIDEMIA, CAROTIS ARTERY DISEASE 1 ☐ Yas 2 ☐ No Division of Vital the Hospital or Attanding Physician: Be 25. Was casa rafarred to medical axeminer? 26. Placa of Death (Check only ona) Hospitai: 1 Yas 2 No Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Certification: To 2 ER/Outpatiant 3 DOA 28a. Data of Injury (Month, Day Year) 27. Manng⊮of Daath 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Panding invastigation Natural death. 1 ☐ Yas 2 ☐ No 2 Accident within 24 hours efter deat To the Funeral Director: filled in by the 6 Could not be datamined 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, factory, offica building, atc. (Spacify) 4 Homicida 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the causa(s) and menner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medicai 29a, Cartifian completely (Check only one) 29b. Signature end title of cartifier 29c. Licansa numbar 29d. Data signed (Month, Day, Year) 30. Nama and addrass of parson who completed cause of death (Itam 23a) (Type, Print) SULTE 130
PAMELA FOX BRAID FORD, MD 11110 MED ICAL CAMPUS 31. Data filed (Month, Day, Year) 32 Registrare Signatura Randelle State 0 2 1998 FEB Registrar



State of Maryland / Department of Health and Mental Hygiene 98 0549

			•	Certificate of De	eath	Reg	J. No.	00431
	Ph∯Sici	an	1. Decedant's Name (First, Middle, Last)		2	Date of Death		3. Time of Death
	∌ /Medic		Angelina Theresa Stefan			anyary ?		98 00:38
	Examir	er	4a. Fecility Neme (If not institution, give street and number)		City, Town, or Loca		4c. County of	
L	-		Washington County Hospita 5. Social Security Number 6. Sex 7. Age (In yrs. Ia		lagersto	Wn	Washi	
	Funeral Director		133 07 9238 1 M 2 F 81 Usual Residence of Decedent		Hours Min.	Date of Birth (Month, Day, Y 18ust 7, 1	.916 N	9. Birthplace (State or Foreign Country) New York
	yland		10a. State 10b. County 10c. City,	Town or Location				10d. Inside City Limits
	e Me	ctor	Maryland Washington Hage	erstown				1 ☐ Yes 2 ☑ No
	를 다. 20.20	Director	10e. Street end Number	10f. Zip Coda		10g	. Citizen of W	hat Country?
	ath w	Fal	13628 Pennsylvania Ave.	21742			USA	
21215-0020	72 hours after death with the Meryland "naturel", or flems 23s or 28s-f show Potral Extering must be putited at	by Funeral	11. Marital Status 1 □ Never Married 1 □ Never Married 1 □ Never Married 1 □ Ves 2 ☑ No If Yes, Give Year or Dates:		anic Origin? (Speci Mexican, Puerto Ric Specify:	ty Yes or No- can, etc.)	Bleck	- American Indian, k, White, etc. White
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121		mpl	Elementary/Secondary (0-12) College (1-4or 5+)	(Give kind of work done duri life. DO NOT usa retired)				
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Maryland	2 should and Mer is marke aumatic	F	19a. Informant's Name/Relationship (Type, Print)	19b. Mailing Address (Street and		Route Number, C		
	permit. Pages 1 and 2 should be filed within Depertment of Health and Mental hygiene. Important: If item 27 Is marked other than any injury or other traumatic event, the Mones.		Margaret Hagelberg daughter	13628 Pennsyl	vania A	ve. Hag	erstown	n. Md. 21742
altimore,	of He		20a. Method of Disposition 20b. Pia	ce of Disposition (Name of metery, crematory or other place)				City or Town, State
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Balt	permit. F Depertme Importar any injur		21. Signature of Funeral Service Licensee	22. Nama and Address of Gerald N.	of Facility			
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			23a-Part1. Enter the disease, or complications that cause the death. shock, or haart failure. List only one cause on each line.	Do not anter the mode of dying, s	such as cardiac or r	respiratory arrest	i,	Approximate Interval Between
7	Physician /Medical		Immediata Causa (Final	D. minala	14 01/104			Onset and Death
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		ner	_ acute	Peritoritis	· hunta	incian:	coma	21 hr
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Ö,	e exe	EX	Sequentially list conditions, if any, teading to immediate cause. Enter Undertying Cause, (Disease or Injury	bage Denal.	diseas	e		6wks
68760,	rificate be executed ng physicien end as the buriel-transit	Medical	resulting in death) Last Due to (or e	es a consequence of):				1,1
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ğ	v require been sig should b		/			24a. Was an a		24b. Were autopsy findings available prior to
ecc	e law requ has been ge 2 shoul	plet				ponome		completion of cause of daath?
Division of Vital Records,	The late he	Completed				1□ Yes	2 🗆 No	1 Yes 2 No
/ita	iclan: The	Be	25. Was case refarred to medical examiner?		6. Place of Death (Check only ona)		
of	Physi this c	T0			4 ☐ Nursing Home			
uo	Attending Physician: r death. ector: After this certific by the funeral director,	tion	1- Natural 5 Pending (Month, Day Year)	28b. Time of Injury at Work? M 1 ☐ Yes	s 2 🗆 No	d. Describe how	injury occurre	М
isi	deat ctor: y the	flca	3 Suicide 6 Could not be 28e. Place of Injury - At hom	ne, farm, street, factory, offica		f. Location (Stree	et and Numbe	er or Rural Route Number,
5	effer of in b	Certification:	4 ☐ Homicide building, etc. (Specify)			City or Town, S		
	To the Hospital or Attending Physician: The I within 24 hours effer death. To the Funeral Director: Affer this certificate ha completely filled in by the funeral director, page	edical	29a. Certifiar (Check only one) 1 Certifying Phyalcian: To the best of my knowl one) 2 Medical Examiner: On the basis of examination and manner stated.	adga, daath occurrad at the tima, on end/or investigation, in my opinion	date and place, and ion, death occurred	d dua to the caus at the time, date	se(s) and man and placa, a	ner as stated. nd due to the cause(s)
	To the To the comp	M	29b. Signature and title of certifiar	29c. License nu	umber	29d	. Date signed	(Month, Day, Year)
			Domo Pulivarti, M	1) 1) 2	233	1	13010	78
			30. Nama and addrass of person who complated causa of death (ttam 2 BAPURAO PULIVARTY, MI) 129	(1) D2 23a) (Type, Print) 731 Oak He'll And 1re	e, Hase	stom	M	221742
	Sta Registr		31. Date filed (Month, Day, Year) 32. Registrar's Signature 1998	re Mandelle	0			

Stefano, Angelina



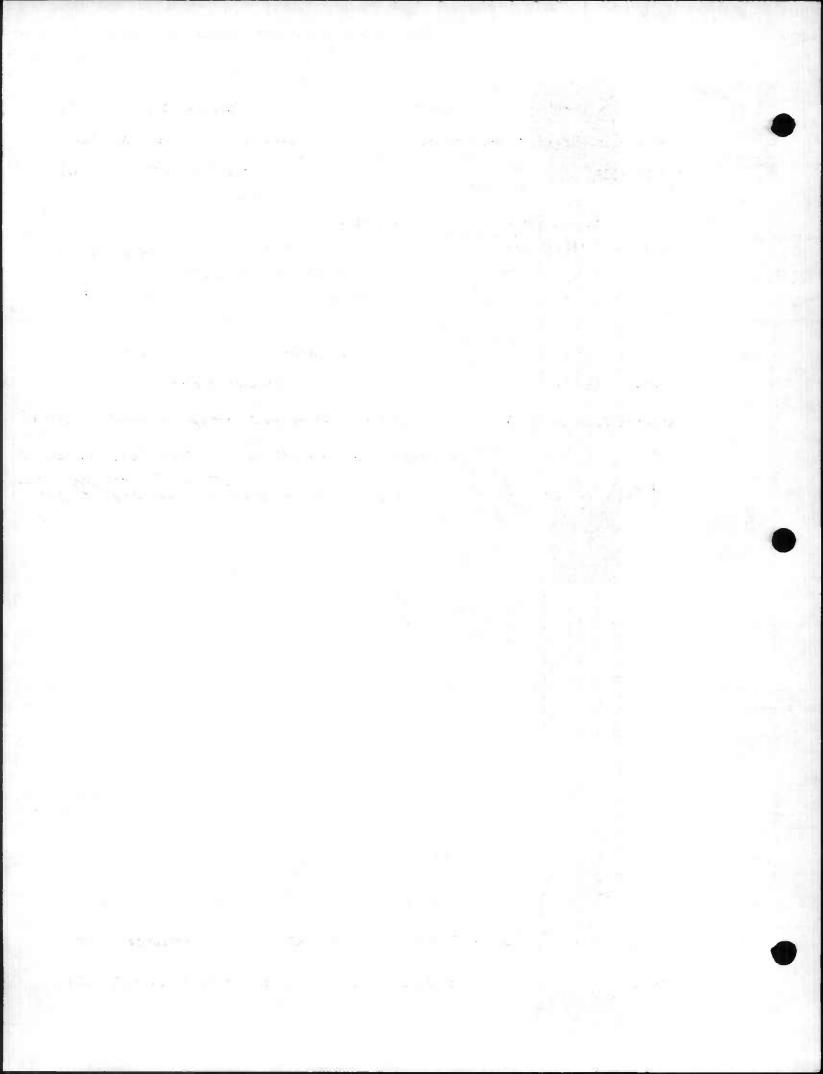
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** 8PM January Rosalie Scarano /Medical 4b. City. Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number) 4c. County of Death **Examiner** Anne Arundel Annapolis Nursing & Rehab Center Annapolis 9. Birthplaca (Stata or Foreign Country) New York 5. Social Security Number 7. Aga (In yrs. last birthday) **Funeral** 1□M XXF Yrs. 70 Director 117-18-2621 Usuai Rasidance of Dacedan the Merylend 10a State 10h County 10c. City. Town or Location. 10d. Inside City Limits 28a-f show traumatic event, the Madical Exaction must be notified at 1 ☐ Yas 2 No Director MD Anne Arundel Annapolis 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? ò 2844 Carrollton Road 21403 United States Items 23a Funeral 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☒No 14. Race - Amarican Indian. 11 Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) permit. Peges 1 and 2 should be fited within 72 hours effer to Department of Health and Mental Hygiene. Important: If Nem 27 is merked other than "natural", or iten any injury or other traumatic event Black, Whita, atc. 1 ☐ Nevar Marriad 2 ☐ Married Wjite Baltimore, Maryland 21215-0020 If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 X No Specify: þ ₩Widowad 4 Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Business/Industry Elemantary/Secondary (0-12) Coilega (1-4or 5+) Homemaker Home 17. Fathar's Nama (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Michael Pirelli Eleanor Jordano 19e. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Richard Scarano (Son) 2844 Carrollton Road Annapolis, Maryland 21403 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☑ Trurial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Other (Spacify) Mary's Cemetery 2/6/98 Greenwich, Connecticut 22. Nama and Addrass of Facility John M. Taylor Funeral Home, Inc. 21. Signature of Funeral Service License 147 Duke of Gloucester St. Annapolis, MD 21401 23a. Part1. Enter the disease, or complications that shock, or heart failure. List only one cause of mich line. Onset and Death **Physician** /Medical Immediata Causa (Final disaasa or condition rasulting in daath) ymphoua west Examiner to fr as a consequence of): Examiner Sequentially list conditions, if any, laading to immadiata causa. Enter Underlying Causa (Diseese or injury that initiated evants rasulting in daath) Last pue Dua to (or as a consequence of): attending physician for use as the buriel Division of Vital Records, P.O. Box 68760 Physician/Medical Dua to (or as a consequence of): Part II. Other significant canditions centributing to death but not resulting in the underlying cause given in Part I. 23b. Dtd tobacco use contribute to the cause of death? the á 3 □ Probably 4 ☑ Unknown 1 ☐ Yee 2 ☐ No signed l þ 24b. Wara autopsy findings evailable prior to 24a. Was an autopsy performed? Completed peeu complation of cause of death? page 2 hes 1 ☐ Yas 2 ☐ No certificate 1 Yas 2 No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica 25. Was casa rafarred to medical axaminar? Be 28. Piaca of Death (Check only ona) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Rasidence 8 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Deeth 28d. Dascribe how injury occurred 28b. Time of 28c. Injury at Work? 5 ☐ Panding invastigation Neturel 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be datermined To the Hospital or Atterwithin 24 hours after der To the Funeral Directo completely filled in by the 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, ferm, street, factory, office building, etc. (Specify) 4 Homicida To certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. Medicai 29a. Certifiar 29b. Signatura and titia of certifiar 29c. License number 29d. Data signed (Month, Day, Year) D05192 February 2, 1998 30. Nema and addrass of person who complated cause of death (Item 23e) (Type, Print) M.D. 1833 Forest Drive Annapolis, MD 21401 (410-263-0770) Richard I. Hochman, 31. Data filed (Month Day, Year) FEB 02 1998 32 Registrar's Signatura State us a Davidson-Randall

DHMH 16 Rev 6/95

Registrar



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	Physici /Medic		Decedent's Neme (First, Middle, Last)	Virginia	Smith	Strange		2. Dete of Dee Month January	Day	3. Time of Dec 12:25A	
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	pue M.		Usuei Residence of Decedent 10e. Stete 10b. County	1	0c. City, Town	or Location				10d. Inside City L	mits
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	or 284	Sirec	10e. Street and Number			10f. Zip Code		1	l0g. Citizen of Wh	nat Country?	
	s 23a	erai (1264 Creek Drive				403		United		
020	alf, or item	by Funeral Director	11. Meritei Stetus 1 Never Merried 2 Married **XWidowed 4 Divorced	2. Wes Decedent Even Armed Forces? 1 ☐ Yes 2 ② Mo If Yes, Give Yeer or Detes:	er in U,S.	13. Wes Decedent of H If Yes, specify Cube 1 ☐ Yes 2 ☑ Wo	dispanic Origin? (S) en, Mexican, Puert Specify:	pecify Yes or No- o Rican, etc.)	No- 14. Rece - American indien, Bieck, White, etc. Specify: White		
21215-0020	s 1 and 2 should be filed within 72 hours after death with the Marylend Health and Mentel Hygiene. tem 27 is marked other than "natural", or items 23s or 28=4 show other traumatic event, the Medical Experient must be notified at	Completed	15. Decedent's Educa (Specify only highest grade Elementery/Secondery (0-12)	completed) College (1-4or 5+)	(1-4or 5+) life. DO NOT use retired)			king		Kind of Business/Industry	
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Baltimore,	permit. Peges 1 and Department of Health Important: If item 27 any Injury or other ti ange.		21. Signeture of Fune at Salvice Licensee	,		22. Neme end Addre	ss of FecilityJoh	n M. Tay		ral Home, I is, MD 2140	
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	cate be executed physician and the bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Du	e to (or es a co	nsequence of):		2/	1	100 11	10
68760,	e be existent	edical E	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Olseese or injury thet initieted events	* ATH	e to (or es e co	SCLEKOST	ic c	-~V	\sim	EZAU	3
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.O.	the deal	ysici	Pert II. Other significant conditions contr	ibuting to death but r	not resulting In t	he underlying cause giv	ven in Pert I.	23b. Did to	obacco use cont	ribute to the cause of de	eath?
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Records,	been s	Completed by	NADAM					24a. Wes e		24b. Were eutopsy finding aveilable prior to completion of causof deeth?	
E B	The ate h	Com	ASPIRAT	701				1 🗆 Y	es 2 X	1 ☐ Yes 2 ☐ No	
Vital	Physician: The this certificate ral director, page	o Be	25. Wes case referred to medical examiner? 1 Yes 2 No Ho	spitel:		Oth	ner'	th (Check only or			
of			27. Menner of Deeth	1 ☐ Inpatient 28a. Dete of injury	28b. Tin	ne of 28c. Injur	4 KLIXVursing H	ome 5 Resid	ence 6 Other ow injury occurre	1.7. 77	
sion	Attending Indeath.	atio	1 Naturel 5 Pending investigation	(Month, Day Y	ear) inju		Yes 2 □ No				
Division	5 4 5 5	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Plece of Injury building, etc. (- At home, fem Specify)	n, street, fectory, office		28f. Location (S City or Tow	treet end Number n, Stete)	r or Rural Route Number,	
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical Co	29a. Certifier (Check only one)	on the best of nor On the best of execution	aminetion end/	deeth occurred et the tir or investigetion, in my o	me, dete end piece pinion, deeth occu	, and due to the c rred et the time, o	ause(s) and man lete end plece, er	ner as steted. id due to the cause(s)	
	To the within To the compl	Me	29b. Signature wild title of cognities	3	n de	29c. Licens	e number	2	29d. Dete signed	(Month, Dey, Year)	
			1 care		(KIL)	122	J (4V		1/4517		
			30. Neme and address of person who com	pleted cause of deet	th (Item 23e) (T	ype, Print)	ME R	D M	UNAD	es, och 26	183
	Sta Registr		31. Dete filed (Month, Dev. Yeer) FEB 0 2 1998	32 Registrer's	Signeture 4dson-Pa	ndell					

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMEND# 17 2-3-98 cms AACO HEALTH Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3 Time of Death **Physician** January 6:30 pm Sara /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Anne Arundel Medical Center Annapolis Anne Arundel 5. Social Security Number If Under 1 Year If Under 24 Hrs. Birthplece (State or Foreign Country) 7. Age (In yrs. last birthday) 8. Dete of Birth (Month, Dey, Year) **Funeral** 1 ☐ M 2 🖾 F Months Deys Hours 137-10-5380 82 Yrs. Director Oct 30, 1915 New Jersey Usual Residence of Decedent death with the Maryland 10e. Stete 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director MD Anne Arundel 1 ☐ Yes 2 No Arnold 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 527 Augusta Drive 21012 USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Meritel Status 14. Rece - American Indien, Bleck, White, etc. 72 hours after 1 Never Married 2 Married Baltimore, Maryland 21215-0020 White 1 ☐ Yes 2 No Specify: þ 3 XWidowed 4 ☐ Divorcad Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within.
Department of Heelth and Mantel Hygians in fram 27 is marked other than "n any injury or other traumation. Elementary/Secondery (0-12) College (1-4or 5+) Homemaker Home 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Victor Reichman Richman 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 527 Augusta Drive, Arnold, MD Annette Smith/niece 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition 20c. Location - City or Town, State Feb 2 1 Surial 2 ☐ Cremation 3 ☐ Removel from State Philadelphia, PA 4 ☐ Donation 5 ☐ Other (Specify) Montefiore Cemetery 1998 21. Signature of Funeral Service 20 22. Name end Address of Facility Barranco & Sons, P.A. Severna Park Funeral Home 495 Gov. Ritchie Hwy., Severna Park, MD 21146 ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximete Intervel Between Onset end Deeth **Physician** Immediate Cause (Final Sensis /Medical 2 days Examiner esulting in death) Due to (or es e consequence of): Examiner neumonia physiclan end the buriel-trensit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): P.O. Box 68760. Physician/Medical Due to (or es e consequence of): Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? signed by I 1 Yes 2 No 3 Probably 4 Unknown dehydration, upper GI bleed Division of Vital Records, ģ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed acute renal failure peen 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician:
 24 hours eiter death.
 Funeral Director: After this certifical etely filled in by the funeral director, 25. Wes case referred to medical examiner?

1 Yes 2 No Be 26. Plece of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☑Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 | Homicide 29a. Certifier (Check only 12 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) and menner es stated. Medical To the Hosp within 24 ho To the Fune completely f 2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29b. Signature and title of a 29d. Date signed (Month, Dey, Yeer) D41816

State Registrar les

31. Dete filed (Month, Dey, Year)

FEB 0

30. Name and address of person who completed cause of death/(Item 23e) (Type, Print)

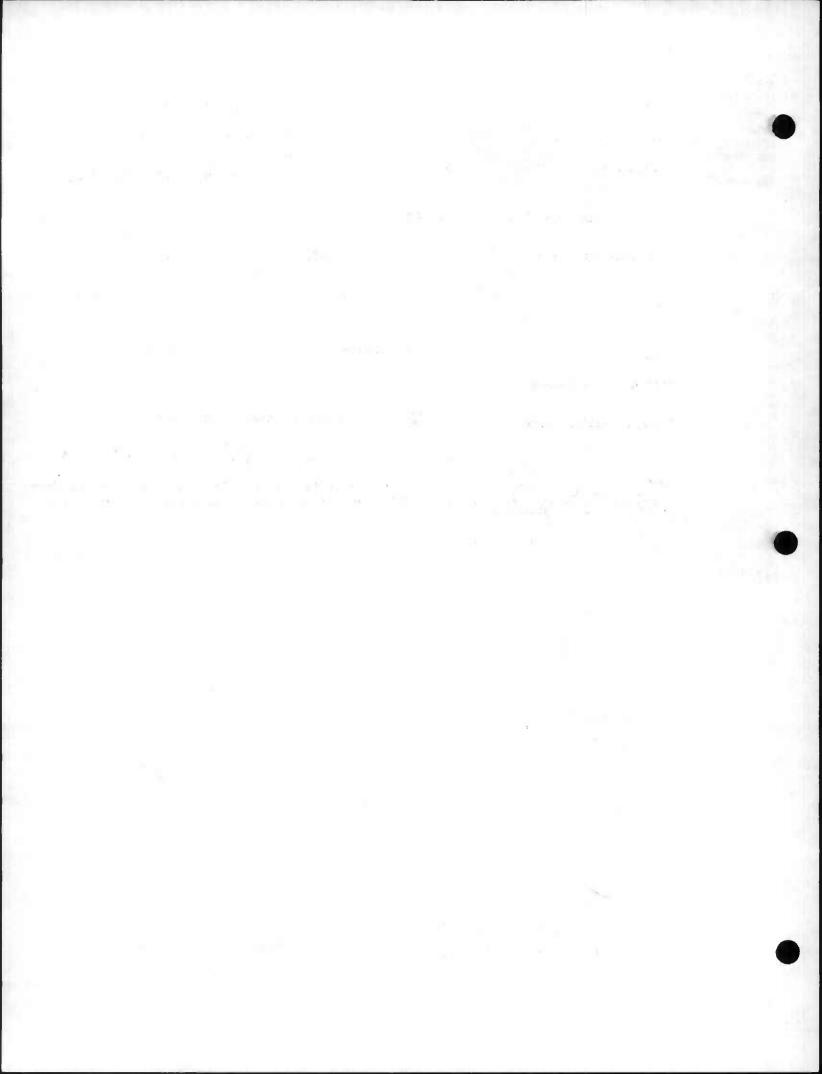
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32, Registrer's Signeture

64 Franklin St. Annapolis MD



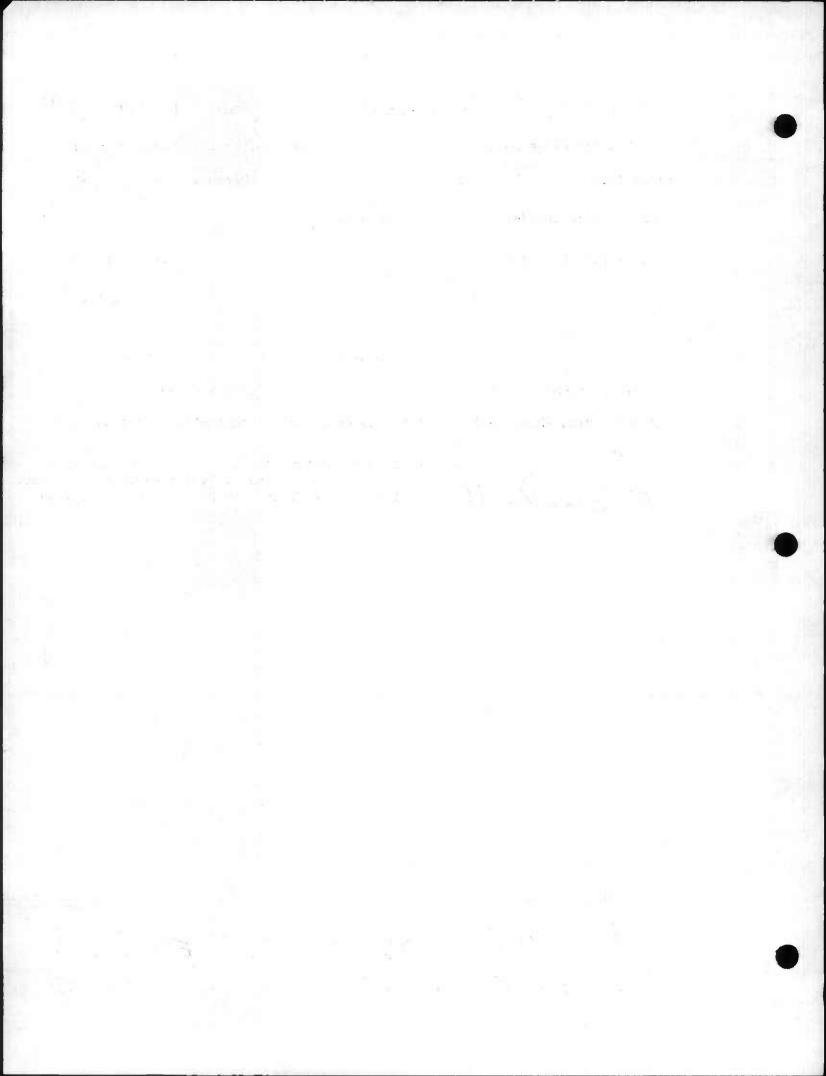
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Funera		5. Sociel Security Number	6. Sex	7. Age (In	yrs. last birti	hday) If Under 1 Y		~	8. Dete of B	irth			
Directo		579-50-2485	1 X XM 2□ F	60)	rs. Months D	Bys Hours	Min.	(Month, D	ev. Year)	337 Wa	Country)	state or Foreign
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	Be	17. Father's Neme (First, Middle,	Last)				18. Moti	her's Name	(First, Middle	e, Meiden S	Sumeme)		
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d 2 should be th and Mental 7 is marked of traumatic eve	-	19e. informent's Name/Relations	nlp (Type, Print)		19b.	Meiling Address (St	reet end Num					-)
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permit. Pagas 1 and 3 Department of Haalth Important: If item 27 I any injury or other tr		20a. Method of Disposition		2	0b. Plece of	Disposition (Neme of	f		Dete		ation - City o		
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State of Maryland / Department of Health and Mental Hygiene

					Certificate o			Reg. No.	115496					
	Physici	an	1. Decedant's Nema (First, Middla, Last)				2. Dete of Da	ath Pay	3. Tima of Death					
	/Medi		DOROTHY C:	SWON	ITEK		FER	1, 10	198 11 411					
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			929-A Bay Ridge Road	lis	Anne	Arundel								
	Funeral		5. Social Security Number 6. Sex 7.	Aga (In yrs. last bii	rthday) If Undar 1 Yas Months Day	ar If Under 24 Hrs.	8. Data of Bir (Month, Da	th	Birthplace (State or Foreign Country)					
L	Director		218-28-8637 Usuel Rasidance of Dacedant	83	Yrs. Working Day	s Flours Mill.		23 1914	Virginia					
	yland #		10a. Stete 10b. County	10c. City, Tow	n or Location				10d. inside City Limits					
	Sa-fah	ctor	MD Anne Arundel		Annapolis				1 ☐ Yas 2 No					
	ith with the Marylan 23s or 28s-f show ust be notified at	ai Dire	10e. Street end Number 929-A Bay Ridge Road		10f. Zip Coda	21403		10g. Citizen of W	whet Country? ed States					
020	after des or items	by Funeral Director	11. Marital Status 1 Never Merried 2 Married 1 Never Merried 2 Married 1 Yes 27 1 Yes 37 1 Yes or Data	s? XNo	13. Wes Decedent of it Yas, apecify Cu		pecify Yas or No o Rican, atc.)		e-Amarican Indien, k, Whita, atc. : White					
21215-0020	- 100	Completed	15. Decedant's Education (Specify only highast greda completed) Elamantary/Secondary (0-12) College (1-4c)		Decedent's Usuel Occ (Giva kind of work don lifa. DO NOT usa reti	e during most of wor red)	rking	18b. Kind of Bu						
	her t	ပိ	17. Fathar'a Nama (First, Middle, Last)		Homemak		no (Final Adiabata	Hot						
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Mai	12 st h and la m		19a. tntormant's Name/Relationship (Type, Print) Dorothy Mann (Daughter		o. Mailing Addrass (Stre									
a)	is 1 and 2 should be filed within of Health and Mental Hyglene. Itam 27 la marked other than other traumatic event, tra Me								yland 21403					
Baltimore,	Pages nent of I nnt: If its ary or of			Let										
Balt	permit. Pages in Department of Hall Important: If its any Injury or of once.		20a. Mathod of Disposition 1											
	-		23a. Pert1. Entar tha disaesa, or complications that caus shock, or haart teilura. List only one ceusa on aach	ed tha daath. Do	not anter the mode of d	ying, auch as cardiac	or respiratory a	rrest,	Approximata Intarval Between					
	Physician /Medical Examiner		Immediete Causa (Final disease or condition rasulting in daath)	perte	psive	Heart	Dis	ease	Onsat and Death 5 4 EARS					
		Jer	, adding it deadly	Due to (or as a	consequance of):									
	death certificate be executed e attending physician and of for use as the burial-transit	Examiner	Sequantially list conditions, if any, laading to Immadiata cause. Enter Undartying Cause (Disease or injury	Dua to (or as a	consequence ot):									
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	\$ 0 d	Physician/Medical	rasulting in death) Lest											
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o.		ysic	Part tt. Other significant conditions contributing to death	but not rasulting le	n the undarlying causa	givan in Pert i.	23b. Dtd	tobacco use con	tribute to the cause of death?					
0	requires that the death cei seen signed by the attendir should be detached for use	by Ph					1 🗆	Y 2 No	3 Probably 4 Unknown					
Records,	2 s t	Completed					24a. Was perio	an autopsy rmed?	24b. Wara autopay findings available prior to complation of cause of death?					
8	ysician: The lav is certificate has director, page 2	P.O.					10	Yas 2 No	1 ☐ Yes 2 ☐ No					
Vital	rtifica ctor,	Be	25. Wes casa ratarred to medical			26. Placa of Dee	eth (Check only o	ona)						
>	S 00	2	axaminar? 1 ☐ Yas 2 ☑ No Hospital: 1 ☐ Inpa	itlant 2 ER/Oi	utpatient 3 DOA	Xhar: 4□ Nursing H	loma 5 Rasi	dance 6 Othe	ar (Specify)					
Jou	g Phys er this neral di		27. Manner of Beath 28a. Data of Ir		Tima of 28c. Injury	jury at	28d. Describe	how Injury occurr	ed					
io	Attanding or death. ector: After by the fune	atio	1 Natural 5 Pending (Month, I 2 Accident invastigation	ray roary		☐Yas 2☐No								
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	Vithir To th	Me												
	- > - 0		· Care We	Tur	MO D	1635	7 200	FEB.	2,1998					
			30. Name and eddrass of person who complated cause of	death (Itam 23a)	(Type Print)	BESTHA	LTE RI) An	WAS. MO					
	Sta	_	31. Data tilled (Month, Day, Yaar) 32. Regis	strar's Signatura	Danie 100			1 7						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Death 3. Time of Deeth Month Day Year Randall Spriggs 1998 31. 0800 January 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death The Kent and Queen Anne's Hospital, Inc. The Kent and Queen Anne's Hospital, Inc. 7. Aga (In yrs. last birthdey) Months Days Chestertown If Under 24 Hrs. 8. Deta of Birth Hours Min. (Month, Day, Year) Kent 5. Sociel Sacurity Number Birthplace (State or Foreign Country) 212-18-7498 MP Usual Rasidance of Dacedent 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yaa 2 No KENT HESTERTOWN 10e. Street and Number 10g. Citizan of Whet Country? 10f. Zip Code GEORGETOWN RD USA 8561 21620 12. Was Decedant Evar in U.S. Armed Forces? 1 ☐ Mas 2 ☐ No If Yes, Giva 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puarto Rican, atc.) 14. Rece - American Indian, Bieck, White, etc. 1 Never Married 2 Merried Specify: BLACK 1 ☐ Yas 2 ☐ No 3 ☐ Widowed 4 ☐ Divorced 16a. Decedant's Usual Occupetion (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedant'a Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Coilega (1-4or 5+) POST OFFICE MANAGER 105 TAL 17. Father's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surname) SPRIGGS MINNIE JACKSON CHARLES 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Code) RO. CHESTERTOWN, MO ZIGZO MERIAM SPRIGGS. WIFE 8561 GEORGETOWN 20b. Place of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Data 1 ☑ Buriai 2 ☐ Cremetion 3 ☐ Ramovei from Stata ASBURY U.M. CEMETERY 2-7-98 CHESTERTOWN, MO 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Sarvice Licensee 22. Name and Addrass of Facility WALLEY FUNERAL Home 2017 CALVERT ST. CHESTERTOWN, MD 23a. Page. Enter the disasse, or complications that caused the death. Do not antar the mode of dying, such as cardiec or respiretory errest, book, or hear failure. List only one cause on each line. Approximata Intarval Betw Immediata Causa (Final BICA PONUSE BRUNCHE PRICELINGUA disaasa or condition rasulting in daath) KOYns PANENISON'S DISCOTE Dua to (or as a consequence of): Dua to (or es e consequence of): 23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 □ Probably 4 □ Unknown 24a. Was an autopsy performed? 24b. Wara autopay findings available prior to complation of cause of death? 2 No 1 ☐ Yas 2 ☐ No 1 ☐ Yes

Physician /Medical Examiner

attending physician and for use as the burial-transit

signed by the a

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death.

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To the Hospital owithin 24 hours at To the Funeral D

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Certification:

Medical

that the death cartificate be executed

Division of Vital Records, P.O. Box 68760,

any injury or o

Physician

/Medical

Examiner

Director

Funeral

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Completed

2

10a. Stata

MP

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours aftar death with the Meryland Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "natural", or Itams 23a or 28a-f ahow

Baltimore, Maryland 21215-0020

item 27 is marked other than "natural", or itama 23a or 28a-f ahow other traumatic avent, the Madical Examiner must be notified at

Examiner Sequentially list conditions, if any, laading to immediata cause. Enter Undarlying Cause (Disaase or injury Physician/Medical thet initiated evants rasulting in death) Last P Completed

3 ☐ Suicide

4 Homicida

29b. Signature and titla of certifiar

31. Data filed (Month, Day, Year) \$98

SPEER

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Wes casa rafarrad to medical examinar? 26. Place of Death (Check only one) Hospitel: 1 Mopatiant 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 ☐ Yas 2 No

27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28c. Injury et Work? Natural 5 Panding investigation 2 Accidant

1 Yas 2 No Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

28d. Dascribe how Injury occurred

29e. Certifiar (Check only one)

6 Could not be datamined

1 Certifying Physician: To the best of my knowledge, death occurred et the tima, data and piaca, and dua to tha cause(s) and mannar as atated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, death occurred at the time, dete and piace, and dua to the cause(s) end mannar stated. 29c. License number 29d. Date signed (Month, Day, Year)

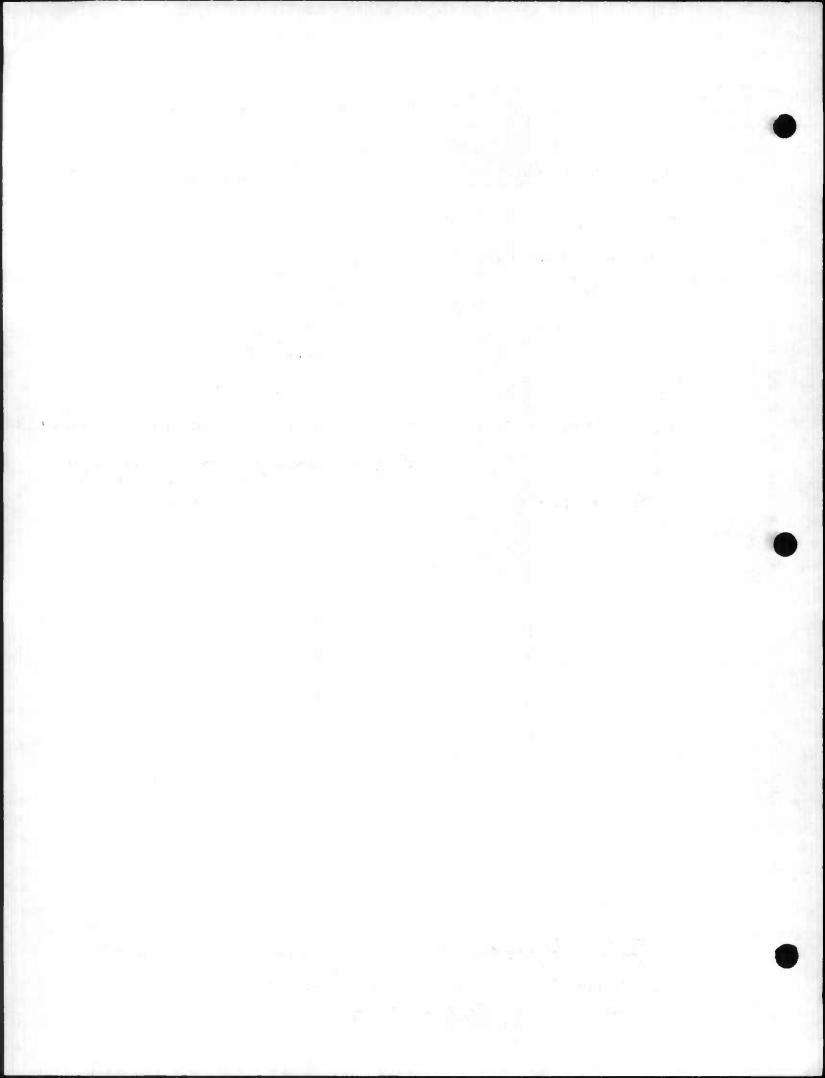
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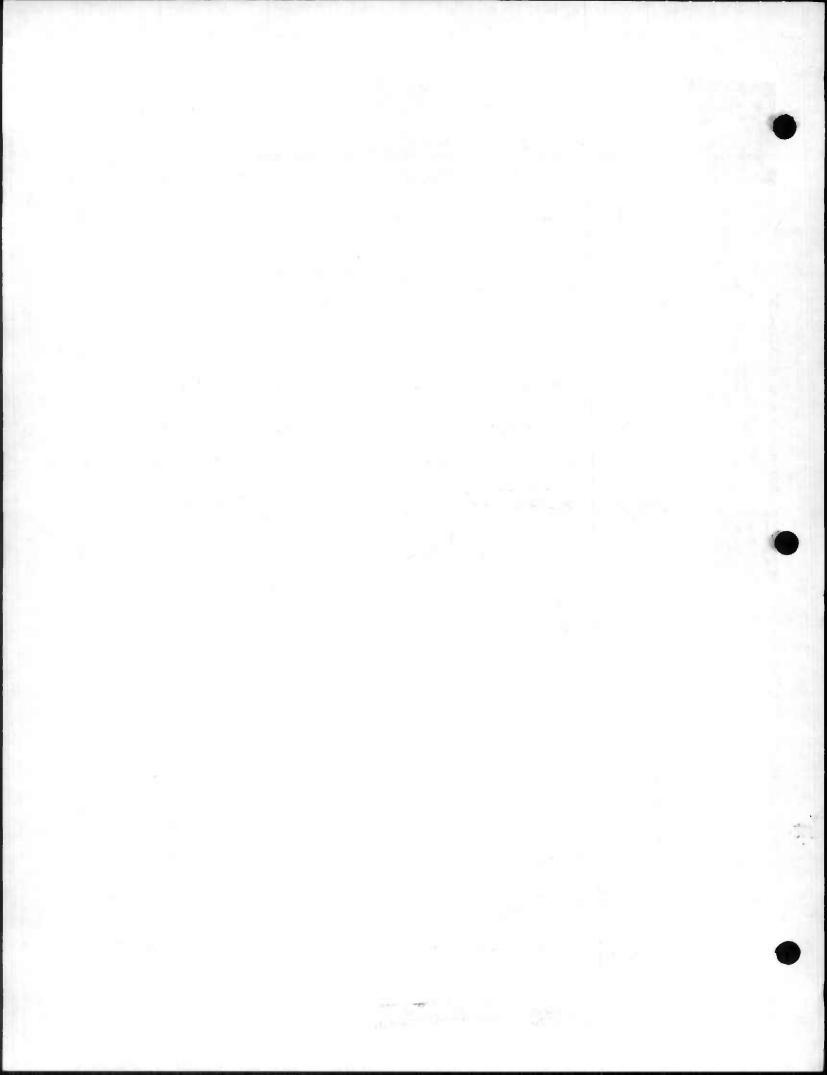
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State Registrar CHESTERTOWN, MA 32. Registrar's Signatura una Davidson-Randell



State of Maryland / Department of Health and Mental Hygiene Q

					,	Cen	tificate of	Death	Re	eg. No.	U	3498
			1. Decedent's Nama (First, Middla, L	ast)					2. Data of Daat	h	Vaar	3. Tima of Death
	Physici /Medic			Mazie	С.		Spec	ht	Februar	y 4, 1	Year 998	9:32 AM
	Examin		4a. Facility Nama (If not institution, g	iva street and number)				4b. City, Town, or Lo		4c. County	of Death	
			Frederick Me	morial Hos	oital			Freder	ick	Fre	deric	k
	Funeral	3	Social Security Number 6.		a (In yrs. last bir		If Under 1 Yaar Months Days	If Undar 24 Hrs. Hours Min.	8. Data of Birth (Month, Day,			ace (Stata or Foreign
	Director	-	214-10-3907	тым жин	84	Yrs.			Oct. 28		Mary	land
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	s 23	Funeral	1 West Moser R	12. Was Dacedant	13 W	21788	dispanic Origin? (Sp.	ecify Vas or No-	Unite	d Sta e - Amarica		
	and ZIZIS-UUZU be filed within 72 hours efter deeth with the Maryland tiel Hyglene. d other than "natural", or items 23a or 28a-f show event, the Modical Examinat must be notified at		1 Navar Marriad 2 Married	Armed Forcas?		lf.	Yas, specify Cub	lispanic Origin? (Sp an, Maxican, Puarto	Rican, atc.)		k, Whita, a	
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yla	2 should be and Mentel Is marked or aumatic eve	2	Cha	rles	Cline	: 		Juli	a A. Gr	rushon		
a	and and is m		19a. Informent's Name/Ralationship	(Type, Print)	19b	. Mailing	Addrass (Street	and Number or Run	al Routa Number,	City or Town,	Stata, Zip	Coda)
	1 and Health em 27 other tr		Betty Valentine	/ daughter				./ Thurmo		21788		
OFF	ges 1 an it of Heal If item 2 or other		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3	Ramoval from Stata	20b. Place of cematar	Dispos y, crami	ition (Nama of atory or othar pla	ca)	Data 2	20c. Location -	City or To	wn, Stata
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	and I-tren	хап	Sequentially list conditions,		Dua to (or as a							
90	be e) ician burie	<u>=</u>	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	C								
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of Vital Records,	law requiras that the death cer as been signed by the attendir of should be detached for use	d by			· · · · ·		-		24e. Was e	n autoney	24h Wa	ra autopsy tindings
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0	After fune	tion	1 Natural 5 ☐ Panding	28a. Data of Inju (Month, Day	Year) I	njury	28c. Inju Wo M 1	rk? Yas 2 □ No	Lod. Dasonge no	w injury coodi		
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	To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After thi completaly filled in by the funeral		29a. Certifiar 1 Certifying P	hysician: To the best of	of my knowledga	daath	occurred at the ti	me data and place	and due to the ce	eusa(s) and ma	nnar as st	atad
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	within 2 To the comple	Me	29b. Signatura and titla of certifier				29c. Licans	sa number	25	9d. Deta signe	d (Month, L	Day, Year)
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		1	30. Nama and addrass of person who	complated causa of d	eath (Itam 23a)	Typa P	Print)	000		- 10	1 10	
			Jetter NCa	ven Hin	3/6	ے د	V. 511	St FI	realn	170	1	1201
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MB	as b	Sept.	23	l
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within x4 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach-	tate	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ĺ
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-	1. DECEDENT'S NAME (First, Middle, Lest)								2. DATE OF D			3. TIME OF DEATH	
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-1			6. AGE (In yrs. is	st birthday)	IF UNDER	R t YEAR	IF UNDE	R 24 HRS.	7 DATE OF BU	RTH	8. BIRTI	PLACE (State or Foreign	
,	The second secon	1 M 2XCXF	87		MONTHS	DAYS	HOURS	MIN.	June 2	5 19	10 Br	unswick MD	
	9a. FACILITY NAME (If not institution, give stre	1.1.1.1.1.1		9b. CITY, TOWN OR LOCATI				ION OF D			COUNTY OF D		
œ	Western Marylan		o h				erst			1	Washington		
٥	RESIDENCE OF DECEDENT	tu ceret	- / -			8			-			0	
입	10e. STATE 10b. COUNTY			10c. CIT	r, TOWN	OR LOC	ATION					10d. INSIDE CITY LIMITS?	
DIRECTOR	Manyland Fred	lenick			Bru.	nsu	rick					1X YES 2 NO	
ا ب	10e. STREET AND NUMBER					1	Of. ZIP COD			10	g. CITIZEN OF	WHAT COUNTRY?	
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FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DE	CENDENT	OF NISPA	NIC ORIGIN? (Sp	ecify Yes or I	No- 14. RAC	E American Indian,	
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COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION	16a. D	ECEDENT'S	USUAL O	CCUPAT	TION	ina	16b, KIND	OF BUSINE	SS/INDUSTRY		
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S	17. FATHER'S NAME (First, Middle, Last)								AME (First, Middle		name)		
BE	John Z. Shelton	2					F	ranc	es Ma	gaha		4	
	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRES	S (Street	end Numbe	or Rural	Route Number, Ci	ity or Town, Si	tets, Zip Code)	0.15.17	
임	Gary L. Snoots			15 C	onc	ord	d Dr	ive,	Brun	swic/	e, 1111	21716	
	20e. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Remo	val from State	20b.PLACI	EANDDATE	OF DISPO	SITION	Name of		DATE	20c. LOCAT	ION — City or T	own, State	
	4 Donation 5 Dother (Specify)		Rela	elery crematory or other place) 2 Lormed Cemetery					2/6	Kno	<i>xville</i>	. MD	
	21. SIGNATURE OF FUNERAL SERVICE LICE			23, NAME AND ADDRESS, DE					ACILITY OMA	Fune	enal H	ome	
	Barbland A.	Villiam.	1. Own	ren	19	00	Pet	ensi	ille	Rd B	runswi	ck MD 2171	
	23. PART i. Enter the disesses, or co											Approximats	
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ố	Sequentisity list conditions,	DUE TO	OR AS A CONS	D VASCULAR ACCIDE S A CONSEQUENCE OF):					/_/			110	
¥	if any, leeding to immediate cause. Enter UNDERLYING	ATRI	41 F	FIBRILLATION A CONSEQUENCE OF:								UNKNOWN	
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONS	EOUENCE O	F):								
CERTIFICATION	resulting in death) LAST	ARTE	R1050	LER	OTI	C	HEAR	27	DISEA	SE		MKNOW	
	PART ii. Other significent conditions	contributing to	death but not	regulting	in the u	oderiv	ing cause	given li	Part i 24a	. WAS AN AU	TOPSY 24	b. WERE AUTOPSY FINDINGS	
EDICAL		_								PERFORME	D?	AMILABLE PRIOR TO COMPLETION OF CAUSE	
ă	BREAST CAN									YES 2	NO	OF DEATH?	
M	SEIZURE DIS					- An	- 4					1 Tes 2 No	
ÿ	DID TOBACCO USE CONTR	RIBUTE TO CA				-		CERTA	IN L				
ठ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEA	OTHE		10)						
PHYSICIAN:	t - YES 2 NO	1 Inpetient 2		-	Nu	rrsing H		Residence	8 Other (Sp	-			
H	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF (Month, Di		28b. TIR	JURY	2	NJURY AT WORK?		28d. DESCRIE	BE HOW INJU	JRY OCCURED		
BY	2 Accident Investigation				м		YES 2	∐ NO					
	3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	streef, fac	ctory, of	ffice			N (Street end wn, State)	Number or Rural	Route Number,	
COMPLETED	cone)	CIAN: To the best of											
ŏ	2 MEDICAL EXAMINE	R: On the basis of a	xemination end/	or investigati	on, In my	opinion	, death occ	ured at th	e time, data end	placa, end d	lus to the cause	(e) end manner ee stated.	
BEC	29b SIGNATURE AND TITLE OF CENTIFIER		111	14.4			29c. LI	CENSE N	JMBER	2	9d. DATE SIGNE	D (Month, Day, Year)	
	Mark to	mes	m./	MD			D	15	37		reb	3.1998	
2	30. NAME AND ADDRESS OF PERSON WHO								15			-YVANIA AVE	
	MARKJAMESON	V. WEST	TERN	MA	RYL	AN	AC	ENT	ER. H	1GEF	RSTOV	UN. MD 21740	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE		-								
- 1	CCD 4 - 40	no del	A6	. 0	0 -0.								

260 E E E

Section 1981 Section 1981

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** 31°, 1998 Norma May SMITH January 8:55 pm /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Process His Spate of Birth (Month, Dey, Year) SHADY GROVE ADVENTIST HOSPITAL

5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 11 Under 1 Year MONTGOMERY Birthplece (State or Foreign Country) **Funeral** Deys 1□M 2XF 579-05-4248 83 Director Nov 19, 1914 Maryland Usual Residence of Decedent death with the Maryland 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Modical Examinar must be notified at Maryland Montgomery Potomac 1 ☐ Yes 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 10901 South Glen Road 20854 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-lif Yes, specify Cuben, Mexican, Puerto Ricen, etc.) permit. Pages 1 and 2 should be filled within 72 hours after c Department of Health and Mental Hygiene. I important: If Item 27 is merked other than "natural", or iten any Injury or other traumatic event 1 □ Never Married 2 □ Married 1 ☐ Yes 2 TNo If Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🖾 No Specify: White þ 3 Nidowed 4 Divorced Completed 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Cotlege (1-4or 5+) Homemaker Own Home 12 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) HOUGHTON Norman Owen May TOWERS Louise 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Diane L. Harper/Daughter 10907 Hessong Bridge Road, Thurmont, Maryland 21788 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 XBurial 2 □ Cremetion 3 □ Removel from State Gettysburg Nat'l Cemetery Feb 4,1998, Gettysburg, PA 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name and Address of Facility
Keeney & Basford P.A. Funeral Home 21. Signeture of Funeral Service Licansee C 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest,

Approximate

Approximate Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel Conjective Heart Failure
Due to (or es e consequenca of): 2 DAYS disease or condition resulting in death) Examiner Examiner Chronic Obstructive Rimonery Disense Veacs that the death certificate be executed physician and s the burial-trans Sequentielly list conditions, if eny, leading to Immediete cause. Enter Underlying Ceuse (Diseese or Injury thet Initiated events resulting In deeth) Last Due to (or es e consequence of) Box 68760. Physician/Medical Due to (or es e consequence of): SS USB Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. signed by the e P.0. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ☐ Unknown Atrial Fibrillation Division of Vital Records, ò 24b. Were eutopsy findings eveileble prior to completion of cause of death? Completed 24a. Wes en eutopsy performed? certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certific director, 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) ၉ 1 ☐ Yes 2 ☑ No 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA funeral 28e. Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28d. Describe how injury occurred 28b. Time of Certification: 28c. Injury et Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide edical 29e. Certifier 15 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examinetion end/or trivestigation, in my opinion, death occurred et the time, dete end place, end due to the ceuse(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) February 1, 1998 044157 30. Neme end eddress of person who completed cause of deeth (ttem 23e) (Type, Print) 809 vels mill Road, Rockille, manyland 20851 IRA BERGER MO. 31. Dete filed (Month, Dey, Yeer)

State Registrar

FEB 3 - 1998

